

H.R. 3183, ENERGY AND WATER DEVELOPMENT AND
RELATED AGENCIES APPROPRIATIONS ACT, 2010

(Spending comparisons—Conference Report (in millions of dollars))

	Defense	General Purpose	Total
Conference Report:			
Budget Authority	16,629	16,836	33,465
Outlays	18,391	24,563	42,954
Senate 302(b) Allocation:			
Budget Authority			33,465
Outlays			42,954
Senate-Passed Bill:			
Budget Authority	16,886	16,864	33,750
Outlays	18,571	24,630	43,201
House-Passed Bill:			
Budget Authority	16,367	16,931	33,298
Outlays	18,219	24,508	42,727
President's Request:			
Budget Authority	16,548	17,845	34,393
Outlays	18,345	24,269	42,614
Conference Report Compared To:			
Senate 302(b) allocation:			
Budget Authority			0
Outlays			0
Senate-Passed Bill:			
Budget Authority	-257	-28	-285
Outlays	-180	-67	-247
House-Passed Bill:			
Budget Authority	262	-95	167
Outlays	172	55	227
President's Request:			
Budget Authority	81	-1,009	-928
Outlays	46	294	340

Note: The table does not include 2010 outlays stemming from emergency budget authority provided in the 2009 Supplemental Appropriations Act (P.L. 111-32).

Mr. INOUE. Mr. President, I submit pursuant to Senate rules a report, and I ask unanimous consent that it be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

DISCLOSURE OF CONGRESSIONALLY DIRECTED
SPENDING ITEMS

I certify that the information required by rule XLIV of the Standing Rules of the Senate related to congressionally directed spending items has been identified in the conference report which accompanies H.R. 3183 and that the required information has been available on a publicly accessible congressional website at least 48 hours before a vote on the pending bill.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

• Mr. KERRY. Mr. President, I was necessarily absent for the vote to invoke cloture on the conference report to accompany the Energy and Water Development and Related Agencies Appropriations Act, 2010, H.R. 3183. If I were able to attend today's session, I would have supported cloture.●

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until the hour of 2:15 p.m.

Thereupon, the Senate, at 12:40 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES
APPROPRIATIONS ACT, 2010—CONFERENCE REPORT—Continued

The ACTING PRESIDENT pro tempore. The Senator from West Virginia is recognized.

AFGHANISTAN RESET

Mr. BYRD. Mr. President, few subjects weigh more heavily upon a Presi-

dent of the United States than the decision to send America's sons and daughters into war. Such a commitment demands the clearest of clear thinking, including a thoroughly dispassionate assessment of goals—objectives, in other words—risks and strategies. This is difficult, very difficult terrain for any American President, especially when faced with conflicting views from advisers, from Congress, and from the American public.

I have become deeply concerned that in the 8 years since the September 11 attacks, the reason for the military mission of the United States in Afghanistan has become lost, consumed in some broader scheme of nation building, which has clouded our purpose and obscured our reasoning.

General McChrystal, our current military commander in Afghanistan, has requested 30,000 to 40,000 additional American troops to bolster the more than 65,000 American troops already there. I am not clear as to his reasons and I have many questions.

What does General McChrystal actually aim to achieve? So I am compelled to ask: Does it take 100,000 U.S. troops to find Osama bin Laden? If al-Qaida has moved to Pakistan, what will these troops in Afghanistan add to the effort to defeat al-Qaida? What is meant by the term "defeat" in the parlance of conventional military aims when facing a shadowy, global terrorist network? And what of this number 100,000? Does the number 100,000 troops include support personnel? Does it include government civilians? Does it include defense and security contractors? How many contractors are already there in Afghanistan? How much more will this cost? How much in terms of dollars? How much in terms of American blood? Will the international community step up to the plate and bear a greater share of the burden?

There are some in Congress who talk about limiting the number of additional troops until we surge—where have I heard that word before—until we "surge to train" more Afghan defense forces. That sounds a lot like fence straddling to me. I suggest we might better refocus our efforts on al-Qaida and reduce U.S. participation in nation building in Afghanistan.

Let me say that again. I suggest we might better refocus—in other words, take another look—our efforts on al-Qaida and reduce U.S. participation in nation building in Afghanistan. Given the lack of popularity and integrity of the current Afghan Government, what guarantee is there that additional Afghan troops and equipment will not produce an even larger and better armed hostile force?

Let me ask that question again. Given the lack of popularity and integrity of the current Afghan Government, what guarantee is there that additional Afghan troops and equipment will not produce an even larger and better armed hostile force? There is no guarantee. The lengthy presence of for-

eign troops in a sovereign country almost always creates resentment and resistance among the native population.

I am relieved to hear President Obama acknowledge that there has been mission creep in Afghanistan, and I am pleased to hear the President express skepticism about sending more troops into Afghanistan unless needed to achieve our primary goal of disrupting al-Qaida. I remain concerned that Congress may yet succumb to military and international agendas. General Petraeus and General McChrystal both seem to have bought into the nation-building mission. By supporting a nationwide counterinsurgency and nation-building strategy, I believe they have certainly lost sight of America's primary strategic objective; namely, to disrupt and defang—in other words, pull the teeth right out of the bone. I believe they certainly have lost sight of America's primary strategic objective to disrupt and defang al-Qaida and protect the American people—protect the American people—from future attack.

President Obama and the Congress must—I do not say "should," I say "must"—reassess and refocus on our original and most important objective; namely, emasculating—I mean tearing it out by the roots—emasculating a terrorist network that has proved its ability to inflict harm, where? On the United States.

If more troops are required to support the international mission in Afghanistan, then the international community should step up and provide the additional forces and funding. The United States is already supplying a disproportionate number of combat assets for that purpose.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. VITTER. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

AMENDMENT NO. 2644

Mr. VITTER. Mr. President, I rise to talk about my pending amendment to the Commerce-Justice-State appropriations bill, amendment No. 2644. Apparently, this has created some interest and some opposition. It apparently is one of the major, if not the major, reason the majority leader felt the need to file cloture on the Commerce-Justice-State bill rather than simply come to an agreement regarding pending amendments and votes. It saddens me that—although that agreement was all worked out, basically—it was out the window, and he just decided to file cloture and bar votes on all of those amendments, including my amendment No. 2644. I think we should have a reasonable debate on my amendment and

then a straightforward vote on the amendment because it is an important topic, directly related to that bill.

What does the amendment do? My amendment is about the next census. It simply says no funds in that appropriations bill can be spent on the next census unless we ask about citizenship. I believe that is a basic requirement for the next census, to give us adequate tools to deal with a whole host of issues, including illegal immigration, including properly handling congressional reapportionment. Again, I find it very sad and, frankly, telling that the majority leader is going to such lengths to avoid having a vote on that simple concept, that simple idea.

Why should we ask a question about citizenship? A couple of reasons. First of all, the census is supposed to give us in Congress important information, detailed information, the tools we need regarding how to handle a host of Federal programs and Federal issues. Certainly a major issue we need to deal with in this country and in this Congress is immigration, including illegal immigration. It seems like basic information we would want to collect. How many folks covered in the census are citizens and how many are noncitizens? That is basic information that would help us in a whole host of ways with regard to Federal programs and with regard to dealing with the immigration issue.

There is another even more important reason, in my opinion, we should collect this information, and that is because one of the most important things any census is used for is reapportioning the U.S. House of Representatives; determining how many House seats each State in the Union gets in terms of representation. As it stands now, the plan is to do the census, to not distinguish in any way between citizens and noncitizens, and therefore to have noncitizens counted in congressional reapportionment. I think this is crazy and goes against the very idea of a representative democracy, people being elected by voters to represent citizens in the Congress. I don't think the Founding Fathers set up our democracy to have noncitizens represented in the Congress.

As it stands now, without asking that simple, basic, fundamental question, noncitizens will be counted in congressional reapportionment. That means States with a particularly large number of noncitizens, including illegal aliens, will be rewarded for that, will get more representation, more say, more clout in the House of Representatives. States that do not have that issue will be hurt. They will get less say, less clout, less Members of the House of Representatives. I think that is fundamentally wrong.

I also have a very specific interest in finding against that because Louisiana is one of nine States that would specifically be hurt. There are at least nine States that will have less representation in the House of Representatives if

we count all people in congressional reapportionment, including noncitizens, versus if we just count citizens. It is important to say what those nine States are, and I specifically reached out to the Senators representing those nine specific States to make it clear to them that their States lose out in terms of that equation.

Those States are Indiana, Iowa, Michigan, Pennsylvania, Mississippi, North Carolina, South Carolina, Oregon, and Louisiana. Those nine States would have less representation, less say, less clout in the House of Representatives if all people, including noncitizens, are counted in congressional reapportionment versus if only citizens are counted. Once again: Indiana, Iowa, Michigan, Pennsylvania, Mississippi, North Carolina, South Carolina, Oregon, and Louisiana.

I particularly implore my colleagues, Democrats and Republicans, from those States to be aware of that, to support the Vitter amendment, and so we get to a vote on the Vitter amendment, No. 2644, to vote against cloture on the entire bill.

Unfortunately, there are several Senators from those States who voted for cloture yesterday. I hope they will reconsider. I hope they would see, if they vote for cloture again, that they would be preventing us getting to this issue. They would be preventing us getting to a reasonable and full debate and vote on this issue. I implore all Senators from Indiana, including Senator BAYH, who voted for cloture previously; from Iowa, including the Senators there who voted for cloture previously; the two Senators from Michigan; the two Senators from Pennsylvania; the Democratic Senator from North Carolina; the Democratic Senator from Louisiana—please don't vote for cloture again until we can get a reasonable vote on this amendment.

Let me specifically address some of the arguments that have been made against this amendment because I think they are completely erroneous. One argument is this will intimidate folks and discourage noncitizens from filling out the census form. I think it is important to note, No. 1, this citizenship question is asked on the long form. The long form gets millions of responses, and the census has never noted any difficulty in getting folks to fill out the long form.

This question is also asked in the American Community Survey which the Census Bureau does. Again, the same citizenship question is asked here, and we get plenty of responses. The Census Bureau has never noted a big problem in terms of getting those responses.

To make this perfectly clear, I am perfectly willing to revise my amendment so that we only focus on citizenship, not immigration status. I will be happy to revise my amendment so it only mentions and only focuses on citizenship versus immigration status.

The other argument, that the Census Bureau itself has apparently made, is

that this would be cumbersome and cost money at this stage in the census. Frankly, I find this pretty ironic coming from a bureaucracy which is spending \$13 billion on this new census, up from \$4.5 billion from the last census. Here is a bureaucracy where the cost of the new census versus the last census has tripled. The last score they are getting \$13 billion, but asking this one question, which they already ask in the long form, which they already ask in the American Community Survey, is a huge problem and will cost too much money. That simply is silly on its face. It is important to do this right. Certainly asking a basic question about citizenship is central to doing it right.

In summary, I urge all my colleagues to demand a vote on this important issue and to vote against cloture on the bill until we get that vote. Then, when we get that vote, I urge all my colleagues to support the Vitter amendment, No. 2644. It is very simple and straightforward. It will say: Ask the citizenship question. Let us know how many folks in the overall count are citizens and how many are noncitizens. That is absolutely essential, No. 1, so we can use the census information as a full tool in many of the programs and policies we debate and implement in Congress. No. 2, it is particularly important for congressional reapportionment.

I do not believe noncitizens should be counted in congressional reapportionment. I don't believe States which have particularly large noncitizen populations should have more say and more clout in Congress because of that than States that do not, and that States such as Louisiana should be penalized. I don't believe those nine States in particular—Louisiana, Indiana, Iowa, Michigan, Pennsylvania, Mississippi, North Carolina, South Carolina, Oregon—should be penalized by including noncitizens in congressional reapportionment. I certainly do not believe Senators representing those nine States should vote either for cloture, cutting off a vote on my amendment, or should vote against my amendment.

Again, I particularly urge all Senators from those nine States to stand up for their States, to vote for the interests of their States, to vote for their States getting full and proper representation, to vote against their States being penalized in terms of the census and in terms of congressional reapportionment.

It is a simple issue but a very basic, fundamental issue. The census is an important tool. It only happens once every 10 years. We need to get it right for a whole host of reasons, particularly with congressional reapportionment in mind.

I daresay if any Members of this body go back home to their States and have a discussion in a diner, have a townhall meeting, just ask a representative group of citizens: Did you know that noncitizens, including illegal aliens, are not only counted in the census—

but we do not discriminate—we do not know the numbers of noncitizens versus citizens? And, because of that, did you know all of those noncitizens are factored into determining how many House seats each State gets so that States with very large noncitizen populations, including large numbers of illegal aliens, are rewarded for that; they get more clout and say and vote in the House of Representatives, and other States, particularly the nine States I mentioned, are penalized because of that?

I daresay the average citizen would be stunned about that and would say, hardly with any exception: That is not right. We should know those numbers, and we should not count noncitizens in terms of House representation. I certainly think citizens and voters in Indiana, in Iowa, in Oregon, in Michigan, Pennsylvania, Mississippi, North Carolina, South Carolina, and Louisiana would certainly say: Wait a minute, we are being penalized because noncitizens are being counted or being worked into the formula for representation in Congress? That is crazy.

It is crazy. It doesn't meet the smell test, it doesn't meet the commonsense test of the American people, and we should act to make sure the next census is done right, starting by having a vote on the Vitter amendment, No. 2644, and by passing that amendment to the bill.

With that, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, my understanding is that we are now in what is called a 30-hour postcloture period. We had a cloture vote this morning on the energy and water conference report. I chair the committee that brought that to the floor, the subcommittee on appropriations which funds the water projects, the energy projects, the nuclear weapons, among other things. It is a very important piece of legislation. We could not just bring it to the floor from conference. We actually had to file cloture, wait for the cloture petition to ripen—2 days—then we have a vote. I think we had 79 votes in favor of it. And now we are in a period where we can't yet adopt it because some are insisting we have the 30 hours postcloture expire. My hope is that whoever feels that way might relent so that later this afternoon we can pass this piece of legislation.

But this legislation is very much like almost everything else we are trying to do in appropriations. We have tried very hard to do the appropriations bills as we are supposed to do them—one at a time, bring them to the floor, have votes, debate the amendments, and so on. In the last couple of years, in my judgment, the appropriations process has been a failure because we have had to do omnibus bills, which is not the right way to do it. We were forced to do that, in many respects. But now we are

trying to do one bill at a time, and we have done many of them. Credit goes to the majority leader, who has said we want to finish the individual appropriations bills. But the fact is, we are getting almost no cooperation—almost none.

I think we have had a relatively noncontroversial Legislative Branch appropriations bill, which is generally pretty uncontroversial. As I recall, I believe we had to file a cloture petition to shut off debate on the motion to proceed—not the bill, just the motion to proceed to the bill. That takes 2 days to ripen, then you have 30 hours postcloture.

Virtually every step of the way, we have had this problem, with no cooperation at all. It is like trying to ride a bicycle built for two uphill and the person on the backseat has their foot on the brakes. That is what is happening around here all the time. All we would like is just a little cooperation so we can get these bills completed.

When we bring a conference bill to the floor, it shouldn't take us 2 to 3 days. The bill I brought to the floor myself, the Energy and Water bill, took us a fair amount of time. We sat on the floor waiting for people to come and offer amendments. They didn't. That is why I sometimes refer to the Senate as 100 bad habits. It is not very easy to get people to come over, even when they have amendments to offer. And then from time to time somebody comes over and has an amendment that has nothing to do with the subject, which is fine—the rules allow that—but then they insist they have a vote on their specific two or three or four amendments or they will hold everything up forever.

So we are getting no cooperation, and it would be nice to get just some so we can get the appropriations bills done. It is the right way to do it—bring the bills to the floor, do them, debate them, and have votes on them. That is the way the Senate should work. Lord knows we have tried this year to do that, but we have had almost no cooperation. At every turn, we have had people stand up and say: Well, I have my four amendments, but, no, I am not going to come over and offer them. I am going to tell you I have four amendments to offer, and if you try to shut this down and shut off amendments, then we will filibuster and we won't give you the 60 votes you need to shut it off. So there you are, stuck in the middle, unable to get things done.

Again, the cloture vote yesterday failed on Commerce-State-Justice. Normally speaking, Senator MIKULSKI would bring a bill like that to the floor of the Senate and it would be on the floor maybe 1 day, maybe 2 days. Instead, I watched last week as she was out here waiting for people to offer amendments—sitting here waiting, and no one was coming to offer amendments, by and large. Then the majority leader sat here until I think 9:30 or 10 o'clock at night one evening trying to

reach an agreement, and no agreement was forthcoming.

My only point is that it would be nice if we could get some cooperation and some understanding. It is not Republican or Democrat or conservative or liberal to do the work on time and finish our appropriations bills with some amount of cooperation; it is just common sense. If we could just get a bit of that cooperation, we could get the work done around here.

I did want to mention as well, with respect to the agenda, that while we are trying to get these appropriations bills done, we will also begin the process of debating health care on the floor of the Senate—a health care bill that will be brought to the floor reasonably soon. I want to mention that certainly one of the efforts I will make when the health care bill comes to the floor—and I have mentioned this before—is to try to address the issue of the expanding cost of prescription drugs. That is not dealt with in the legislation which is coming to the floor, I assume, and if not, then there are 30 of us, Republicans and Democrats, who have legislation that will give the American people the freedom to import FDA-approved drugs sold at a fraction of the price elsewhere. That will be one of the amendments I and many others will come to the floor to offer.

Another amendment I intend to offer is a piece of legislation called the Indian Health Care Improvement Act. We passed that through the Senate last year. We have modified it just a bit this year, and I believe we will reintroduce it later this afternoon.

The Indian Health Care Improvement Act has not been reauthorized for a long time. I believe it has been 17 years since the Senate last dealt with Indian health care—an authorization bill—except for last year when we failed because one of our colleagues, who previously spoke, offered an abortion amendment that had the effect of stopping the bill when it got to the House of Representatives.

Having said all that, I intend to offer the Indian health care legislation as an amendment to the broader health care bill because I don't think we should go on to pass a health care reform bill if we don't address the health care obligations we have made to the first Americans, the American Indians. The fact is, American Indians were promised by treaty—were promised time and time again and in treaties the Federal Government signed—that we would provide for their health care, and we have not met those promises. We have both a trust responsibility and a treaty responsibility to fix the health care system for American Indians. It has not been fixed, and it would be a tragedy if we moved forward with health care and didn't include the important part that is required by us to reauthorize the Indian Health Care Improvement Act. So I intend to offer that as well.

I also want to say that when we get health care completed—and I spoke

earlier today about the need to bring up the Energy bill, but there is another bill that is very important that I have spent a lot of time on that has to be considered by the Senate and the entire Congress. That is the FAA reauthorization bill.

The Federal Aviation Administration reauthorization bill is critically important. It has a wide range of issues dealing with safety in the skies, and it has the important provisions dealing with modernizing our air transportation system—our air traffic control system, I should say—and that modernization can't wait. We have to move forward, and it requires a lot of things.

Senator ROCKEFELLER and I have brought a bill out of the Commerce Committee that is ready for floor action, but we need to get it to the floor of the Senate and get it passed so we can get it into conference with the House of Representatives. If I might, I want to describe for a moment why this is important.

We have the skies full of airplanes. I know the carriers have shrunk their size by 8 or 10 percent in terms of commercial carriers, but nonetheless we have the skies full of airplanes flying around transporting people and cargo, and the fact is, we are still flying to what is called ground-based radar. What happens is, we put an airplane in the air someplace with a couple hundred people on board, and it flies around being guided by ground-based radar. Of course, that is better than the old days, when in order to haul the mail at night, in the early days of airplanes, they first used bonfires every so many miles so that you could fly to a bonfire and see where you were headed. That was the only way you could fly at night. The second thing they did was to use flashing lights, and now, of course, ground-based radar for many decades. But ground-based radar is clearly obsolete, and it only tells someone where an airplane was just for a nanosecond.

The transponder on the airplane being shown on a tube someplace or by a monitor somewhere in the air traffic control center shows, when the arc goes around on the radar, where that jet airplane was. Then for the next 6 or 7 seconds, as it is going around again, that jet airplane is someplace else because it is traveling very fast. It only tells you about where the airplane is and only tells you exactly where it was for a nanosecond.

The fact is, we need to go to a GPS system so we can save money, use more direct routing, make it safer for passengers, and use less energy. You also don't have to space the planes as far apart because you know exactly where an airplane is, not where it was.

We need to move on this newer technology. Europe is moving to it, and many other countries. But it is complicated, and it requires us to pass legislation that includes the modernization of the air traffic control system. Again, we brought that out of the Commerce Committee, and it is awaiting action on the floor of the full Senate.

I hope that following health care and following a number of other issues—including, I hope, an energy bill at some point—the FAA reauthorization bill will have its day on the floor of the Senate. I also hope we will have substantial cooperation. I know Senator HUTCHISON from Texas worked with us, Senator DEMINT worked with us to bring that out of the Commerce Committee, and I look forward to having that as part of the agenda so that all of those who have worked for a long time on these issues dealing with safety in the skies and dealing with modernizing our air traffic control system will be able to feel as if we have made progress and have been able to get this bill to conference with the House.

Mr. President, I know the majority leader has a lot to try to plan for the agenda now as we near the end of the year, and these are big, difficult issues. I want to help him, as do most of my colleagues. We are going to need a little cooperation here and there. If we continue to have to vote on cloture petitions, on motions to proceed, it means every single thing we bring to the floor of the Senate takes a week just to get up. Cloture petitions take a couple of days to ripen, then there is 30 hours postcloture. All we need is a little cooperation. That ought not be too much to ask in order to get the business of the Senate done.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. UDALL of New Mexico. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SANDERS). Without objection, it is so ordered.

Mr. UDALL of New Mexico. I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

INDIAN HEALTH CARE

Mr. UDALL of New Mexico. Mr. President, I rise to speak about Indian health care legislation. This is legislation introduced by the chairman of the Indian Affairs Committee, Senator DORGAN.

I wish to talk a little bit about Native Americans and their health care situation. We have spent the last 6 months talking about health care. We have debated the quality of care, the cost of care, access to care. I am glad to say we are making progress in fixing what is broken in our health care system. But there is one group of Americans that has not engaged in this national conversation, Americans who suffer from an inadequate health care system and alarming health disparities. I am talking about the first Americans, the American Indians and Alaska Natives who are suffering because the Federal Government is not living up to its promise to them.

Right now Native Americans are being diagnosed with diabetes at almost three times the rate of any other ethnic group. Right now too many Native American families don't have access to preventive health care. Right now Native American teens are attempting and committing suicide at alarming rates. The bottom line is, too many Native Americans are struggling to receive quality health care. For too many years, America has stood aside and let it happen.

Today is a new day. It is time for America to make good on its promises to Native Americans. I believe Senator DORGAN's bill would help us do just that. This legislation will bring much needed reforms to the Indian health care system and will allow us to connect Indian health improvements to national reform efforts. By tying these initiatives together, we will increase the likelihood of success not only today but for years to come. This legislation would make reauthorization of the Indian Health Care Improvement Act permanent so Indian country can better predict and plan for its health care needs. It will also build on what works by expanding services for mental health and prevention. We encourage stronger collaboration with the Veterans' Administration. We provide resources so that more Native Americans can train to become health care providers. We promote new ideas and future progress through funding of demonstration projects.

Finally, we begin addressing a tragedy that is tearing apart too many Native American families, especially in my home State of New Mexico. That tragedy is the epidemic of teen suicide which I spoke of a moment ago. New Mexico's suicide rate is almost two times that of the national average, and far too many of these suicides are happening in Indian country. This summer, over the course of a little more than a month, four people from the Mescalero Apache Reservation committed suicide, all of them teenagers or young adults. The latest was a 14-year-old girl just last week. In this bill we will take the first steps in addressing this crisis. We will fund new grant programs and telehealth initiatives, and we will expand a program that has proven successful for the Zuni tribe in New Mexico. It is a program that connects schools and parents with the community, where students learn to be peer educators, and middle and high school students learn life skills to prevent suicide.

America has an obligation to provide quality, accessible health care for our country's first Americans. That begins with engaging American Indians and Alaska Natives in the national conversation about health reform.

I am honored to cosponsor this bill and look forward to its passage by the Senate.

I thank the Chair.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SANDERS. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Ms. STABENOW). Without objection, it is so ordered.

EMERGENCY SENIOR CITIZENS RELIEF ACT

Mr. SANDERS. Madam President, for more than three decades, seniors have relied on a COLA in their Social Security benefits to keep up with their increased expenses. Tomorrow it is expected that the Social Security Administration will announce that for the first time in 35 years, seniors will not be receiving a COLA. Based on the formula that by law they are obliged to use, they came to the conclusion that there is no inflation for seniors and, in fact, the prices for seniors have declined.

In my view, the current formulation for determining Social Security COLAs is wrong in terms of the needs of seniors because it does not accurately take into account their purchasing needs. In other words, if you are 19 years of age and you buy a laptop computer or an iPod or a new cell phone, the likelihood is that prices may well have gone down over the last year. On the other hand, most seniors are not buying iPods. What they are buying is prescription drugs and health care needs, and those costs have gone up.

I have long argued and when I was a Member of the House I introduced legislation with a whole lot of support to develop a separate index for seniors. Be that as it may, where we are right now is that the Social Security Administration will announce tomorrow a zero COLA.

I have some very good news. I have introduced legislation, and I and a number of us have urged the President to be cognizant of the fact that in the midst of this terrible economic recession, we just cannot turn our back on seniors. Many seniors are not only paying increased costs for prescription drugs and for their health care needs, they have seen a decline in their pensions. They have seen a significant decline, in many cases, in the value of their homes. Some have lost their pensions. Basically, we cannot say to them right now that we are not going to reach out and try to help you in whatever way we can.

I am very happy to announce that just this afternoon, President Obama will be supporting support for senior citizens. He will be supporting a \$250 payment to disabled veterans and those people who are on Social Security, some 50 million Americans in all. I applaud the President for not turning his back on seniors.

In his announcement, the President says:

Even as we seek to bring about recovery, we must act on behalf of those hardest hit by this recession. That is why I am announcing my support for an additional \$250 in emergency recovery assistance to seniors, vet-

erans, and people with disabilities to help them make it through these difficult times. These payments will provide aid to more than 50 million people in the coming year, relief that will not only make a difference for them, but for our economy as a whole, complementing the tax cuts we've provided working families and small businesses through the Recovery Act.

That is the statement President Obama is about to release. I thank the President for his support.

Obviously, the ball now comes to our court, and we have to move it forward. I think that in these hard times, when so many seniors are worried about how they are going to pay for their medicine, how they are going to pay for their health care, how they are going to pay to heat their homes in the wintertime, how they are going to take care of other basic needs, it is absolutely imperative we not forget about them.

I applaud the President for his action, and I look forward to working with Members of Congress to pass this legislation as soon as possible.

Madam President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KAUFMAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KAUFMAN. Madam President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

IN PRAISE OF ZALMAI AZMI

Mr. KAUFMAN. Madam President, I rise once again to recognize the service of one of America's great Federal employees.

This Monday, Americans across the country marked Columbus Day. It is a day that holds different meanings for different communities. I had such a meaningful experience attending the Columbus Day Mass and breakfast at St. Anthony's of Padua in Wilmington. I know in the Italian-American community, Columbus Day is a vibrant cultural celebration. But Columbus Day, above all, reminds us all that America is a patchwork; that we are—in the words etched on the wall behind you, Madam President—one Nation from many. This has always been a source of great strength for our country.

This is as true for our Federal workforce as it is for America as a whole. So many of our outstanding civil servants were not born in the United States. Some came as students and found in America jobs and a new home. Others came as infants, carried onto airplanes in the arms of loving parents seeking a new beginning for their families. Some traveled halfway around the world driven by the dream of a better life. Others braved the short but perilous journey over turbulent waves fueled only by the hope of freedom on our

shores. The diversity of our Nation is reflected in the diversity of those who choose to serve it.

The Federal employee I am recognizing this week has had a distinguished career in the Department of Justice, both in the Executive Office for U.S. Attorneys and at the Federal Bureau of Investigation.

Zalmai Azmi was 14 years old when he fled with his family from Afghanistan. He arrived in the United States speaking very little English, and he became fluent while in high school. Zalmai, wishing to give back to the Nation which gave him refuge, eventually joined the Marine Corps. He served in the corps for 7 years as a communications and intelligence specialist, and he also trained in special operations. While in the Marines, Zalmai studied computer science, and he later obtained a bachelor's degree in the field from the American University and a master's from George Washington University.

In the 1990s, Zalmai continued his Federal career by moving from the military into the civil service. He was working as chief information officer for the Executive Office for U.S. Attorneys when the September 11 attacks occurred. Zalmai helped implement the Justice Department's continuity of operations emergency plan, and by September 12, he was at Ground Zero in New York setting up departmental field offices.

Just weeks after the attacks, he volunteered to be dropped into Afghanistan as part of a Marines special operations team. In the 2 years that followed, Zalmai, who is fluent in Dari, Farsi, and Pashto, served two tours of duty in Afghanistan. While at home, he was detailed to the CIA's Counterterrorism Center.

In 2004, FBI Director Robert Mueller appointed him as the Bureau's Chief Information Officer. In that role, Zalmai led the effort to revamp the FBI's virtual case file system and helped transform its IT infrastructure to meet the needs of a post-9/11 environment.

He was honored with the prestigious Arthur S. Fleming Award for Applied Science and Technology in 2002, which is presented annually to an outstanding public servant. Additionally, he won the Distinguished Presidential Rank Award.

Zalmai retired from the FBI late last year. His story, while unique, is reflective of the commitment to service and patriotism embodied by all of the immigrants who work in government and serve in our military. Just as America would not be as strong without our great Federal employees, that workforce would not be as vibrant or successful without those who, like Zalmai, came to this country from other lands.

I hope all my colleagues will join me in honoring his service, that of the men and women in the Department of Justice, and all immigrants who work in the Federal Government.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Madam President, I wish to speak about the conference report we are currently discussing, but I want to first take a second to commend the Senator from Delaware for his fine effort over these many months to continue to call to the attention of America wonderful people who have committed their life to make the lives of other Americans better. He has done a wonderful job, and this is just one more example of both the Senator's job of bringing the news to all of America but also the story of a wonderful individual who has committed his life to improving our great Nation.

Madam President, I would like to spend a moment thanking the Senators from North Dakota and from Utah for their hard work on this bill we are currently considering. It represents a truly bipartisan effort. The energy investments in this bill will foster technological innovations and will harness the creativity and hard work of the American people. I believe it will help us move forward on clean coal technology. It will also promote energy efficiency and accelerate research into renewable energy.

I want to highlight one issue in particular, if I could, and it deals with our domestic uranium production. The uranium industry provides good-paying jobs across the country, and certainly good-paying jobs in Wyoming. A strong uranium workforce is essential to expanding America's nuclear energy capacity. Uranium production means American jobs and American energy.

In August, the Department of Energy proposed transferring—transferring—a significant amount of uranium to the U.S. Enrichment Corporation. The uranium transfer was designed and intended to pay for an environmental cleanup at a facility in Portsmouth, OH.

This is a laudable goal. Unfortunately, the proposal of the Department of Energy would have serious unintended consequences. The proposed transfer would flood the uranium market, artificially forcing down spot prices for uranium, and create significant uncertainty in the marketplace. This action would have a devastating impact on domestic uranium mining. It would cost plenty of jobs in my home State of Wyoming but also jobs all across the United States. It would undercut an integral part of America's energy portfolio.

The Department's plan, in my opinion, is shortsighted and lacks common sense. Why create jobs in one State by killing jobs in another State? The environmental cleanup can be accomplished without hurting jobs in Wyoming and elsewhere.

The conferees recognized the problems with the proposal of the Department of Energy. The conference report directs the Government Accountability Office to evaluate the Department's management of its excess uranium sup-

plies. The bill increases funding for the Portsmouth facility and the cleanup. These steps provide the opportunity to address the necessary environmental cleanup issue without causing the collateral damage in other States.

So I thank the Senators from North Dakota and Utah for their work to address this problem. The Department of Energy should rethink its uranium transfer proposal. By working within the framework of the Excess Uranium Management Plan, the Department can get maximum value for its uranium and fund the cleanup of Portsmouth without hurting jobs—good jobs—in other States.

With that, Madam President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll. The legislative clerk proceeded to call the roll.

Mr. MCCAIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCAIN. Madam President, as we take up the conference report to accompany the fiscal year 2010 Energy and Water appropriations bill, it spends approximately \$33.9 billion. Let's not forget Congress has already appropriated over \$92 billion to energy and water-related projects between the emergency appropriations provided in the 2009 supplemental, the continuing resolution, and the stimulus bill.

Equally as important is what this bill doesn't fund. The bill provides only \$197 million for the Yucca Mountain nuclear waste repository, putting this project on life support.

The Department of Energy has spent billions of dollars and decades studying the suitability of Yucca Mountain as the Nation's repository for spent nuclear fuel and defense waste. Consistently, the science has borne out that Yucca Mountain is the best site to dispose of nuclear waste. The President has made a point of telling all who would listen that his administration would be guided by science and not politics. At the same time, the President and the Secretary of Energy are saying that Yucca Mountain is no longer an option, even though science has proven that Yucca is safe.

The fact that this administration has political problems with moving forward with the Yucca Mountain storage facility doesn't change the fact that the government has a legal obligation to take this spent waste and that the licensing process is already underway. Shelving the Yucca Mountain facility will slow the deployment of new nuclear generating facilities, constrain our most abundant clean energy source, and hinder efforts to combat climate change.

The conference report that accompanies this bill contains 1,116 congressionally directed spending items—a fancy term for earmarks, which is a fancy term for porkbarrel spending,

which is a fancy term for corruption—totalling over \$1.05 billion and almost doubling the number of earmarks that were included in the Senate-approved bill. Get that: 1,116 earmarks in this bill—over a \$1 billion.

I know that is not much when we consider we have already run up a \$9 trillion deficit over the next 9 years, but a lot of Americans would be surprised and think it is a fair amount of money.

None of these projects were requested by the administration. Many of them were not authorized or competitively bid in any way. No hearing was held to judge whether or not these were national priorities worthy of scarce taxpayer's dollars. They are in this bill for one reason and one reason only—because of the self serving prerogatives of a select few members of the Senate—almost all of whom serve on the Appropriations Committee. Sadly, these Members chose to serve their own interests over those of the American taxpayer.

During Senate consideration of this bill I filed 24 amendments to strike these earmarks. The American people are tired of this process, and they are tired of watching their hard-earned money go down the drain. Not surprisingly, my amendments were defeated at every turn by appropriators and Members on the other side of the aisle.

Here are some examples of the earmarks contained in this bill: \$2 million for the Algae Biofuels Research, WA; \$750,000 for the Algae to Ethanol Research and Evaluation, NJ; \$1.2 million for the Alternative Energy School of the Future, NV; \$6 million for the Hawaii Energy Sustainability Program, HI; \$6 million for the Hawaii Renewable Energy Development Venture, HI; \$2.25 million for the Montana Bio-Energy Center of Excellence, MT; \$10 million for the Sustainable Energy Research Center, MS; \$450,000 for the Vermont Energy Investment Corporation, VT; \$1.2 million for the Hydrogen Fuel Dispensing Station, WV; \$1.25 million for the Long Term Environmental and Economic Impacts of the Development of a Coal Liquefaction Sector in China, WV; \$1 million for the Alaska Climate Center, AK; \$5 million for the Computing Capability, ND—whatever that is; \$1 million for the Performance Assessment Institute, NV; \$1 million for the New School Green Building, NY.

This bill also includes a \$106 million increase in funding over the President's request for hydrogen fuel cell research. The Secretary of Energy had pushed for the elimination of this funding but has since changed his mind after bullying from Senate appropriators. Before his change of heart, Dr. Chu explained his reasoning for cutting the funding by stating, "We asked ourselves, 'Is it likely in the next 10 or 15, 20 years that we will convert to a hydrogen car economy?' The answer, we felt, was no." Unfortunately, Dr. Chu caved to demands and has decided to no

longer object to funding research investments that many call a “dead end.”

This bill dedicates \$5.3 billion to the Army Corps civil works program, which is \$180 million higher than the President's request. As my colleagues know, the Corps is burdened with a \$60 billion backlog as a result of years of abusing the energy and water appropriations bills and the Water Resources Development Acts as hot tickets for loading up new pet projects. As one would expect, this year's appropriations process was no different from previous years as the Senate Appropriations Committee received 256 requests to fund new projects. Imagine our surprise when we learned that the committee rejected every single one of these requests for funding new projects—a nod, albeit a modest one, to the tenets of fiscal responsibility.

While I applaud appropriators for attempting, in a way, to address our current backlog, we can't deny that our system for funding existing Corps projects is not working. Currently, there is no way to know which projects warrant taxpayer dollars because the Corps refuses to give Congress any kind of idea of what it views as national priorities. In fact, even when Congress specifically requests a list the Corps' top priorities, they are unable to provide them. That leaves it up to politicians on Capitol Hill to blindly throw money at flood control, hurricane protection, navigation and environmental restoration projects—in some cases matters of life or death—without knowing which projects may or may not benefit the larger good. We owe it to the American people to do better.

Our current economic situation and our vital national security concerns require that now, more than ever, we prioritize our Federal spending. But our appropriations bills do not always put our national priorities first. It is abundantly clear that the time has come for us to eliminate the corrupt, wasteful practice of earmarking. We have made some progress on the issue in the past couple of years, but we have not gone far enough. Legislation we passed in 2007 provided for greater disclosure of earmarks. While that was a good step forward, the bottom line is that we don't simply need more disclosure of earmarks—we need to eliminate them all together.

The time has come to get serious about how we are spending hard-working American's tax dollars and there is no better way to prove we're serious than by ending the wasteful practice of earmarking funds in the appropriations bills. The process is broken and it is long overdue to be fixed.”

Madam President, we are here in this postcloture motion period, consuming it because of the simple fact that the Senator from Oklahoma had an amendment which required greater transparency. The Senator from Oklahoma, while wanting a recorded vote, was assured by the managers of the bill that

a transparency provision would be added to the final conference report which would then be passed by both Houses of Congress and for the President's signature. Unaccountably, that provision, which was simple transparency so that all Members of the Senate would know what information the Senate appropriators received, would be shared by all, was dropped in conference. Understandably, the Senator from Oklahoma, Senator COBURN, whom I view in many ways as the conscience of this body, is upset and concerned that the American people—much less now their Representatives—are not able to obtain information which is obviously very important in the decisionmaking process that goes on here.

It is unfortunate and it shows, again, what has happened here in the process of legislation, that the Appropriations Committee now seems to override not only the wishes of the American people with projects such as those I outlined but also even the other Members of the Senate.

The good news, probably, for Members of the body and for the citizens of this country—but bad news for the appropriators—is that we will be back. We will be back again and again and again. The American people all over this country are having tea parties, they are having uprisings. They know the debt and deficit that we have laid on future generations of Americans and they are not going to stand for it. They are going to find out whether we need to spend \$450,000 for the Vermont energy investment corporation; whether we need \$1 million for a performance assessment institute in Nevada; and whether we need to spend \$1 million for the new school green building in New York, not to mention all those projects that abound that will send our tax dollars to the State of Hawaii as well as Mississippi.

I can warn my colleagues again, we will be back. We will be back. We will talk not only here on the floor of the Senate but across this country about this egregious practice of the waste of their taxpayers' dollars, of their hard-earned dollars, and the way this earmark and pork-barreling process is still completely out of control and a disgrace.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

Mr BENNET. Madam President, I rise today to speak about a development folks in the southeastern corner of my State have been waiting on for the better part of 47 years. This week, maybe even today, thanks in large part to the advocacy of our partners at both the local and Federal levels, the vision of the Arkansas Valley Conduit—long a priority of rural communities in my State—moves one significant step closer to reality. Today, we will send a bill to the President that finally funds this important water project that represents the best of regional govern-

ment, with multiple communities cooperating for the greater good.

Our success today owes to the support of many who took it upon themselves at one time or another to move this project forward. In particular I would like to thank Congressman JOHN SALAZAR, a good friend and tremendous leader who has championed this project since his first days in office.

The effort to build the conduit has been a journey that has its origins in post-World War II America, a time when members of “the Greatest Generation” were coming home to raise a family, plan their lives and build a new America with the same energy that they used to save it on the battlefield.

In the Arkansas River Valley, enthusiasm for the future was also high, but their enthusiasm was soon tempered by one significant limitation: the water needed to build and sustain that future was in short supply.

Yet geographic limitations were no match for the resilience and determination of the valley's residents. They came together and crafted a plan to satisfy the water needs of the valley's ranchers, farmers and rural communities.

The project came to be known by proponents and detractors alike as the Fryingpan-Arkansas Project. After a long and sometimes bitter battle, the project was authorized and signed into law by President John F. Kennedy in August of 1962.

The Arkansas Valley Conduit was a key piece of the Fryingpan-Arkansas Project. The vision was simple: deliver clean drinking water to 40 ranching and farming communities of the lower Arkansas Valley.

As the years went by, that vision developed. Civic leaders and citizens came together to call for a water delivery system to bring the West's scarcest natural resource to over 40 communities, across a 140-mile stretch of southeastern Colorado.

Unfortunately, the resources necessary to put that plan into place did not advance with the larger plan. While other parts of the Fryingpan-Arkansas Project moved forward, the Arkansas Valley Conduit languished and doubts began to grow about whether the Federal Government would ever live up to its part of the bargain.

Earlier this year, my predecessor, Senator Salazar and Colorado's now senior Senator, MARK UDALL, gave the conduit the jumpstart it needed by introducing legislation authorizing a Federal cost-share for the project.

After visiting southeast Colorado upon my appointment to the Senate, I immediately lent my strong support to the project and cosponsor this important legislation. I believe you would be hard pressed to find many bills that have the support of three Senators from the same State during one session of Congress.

With that support, as well as the strong support and leadership of Representatives JOHN SALAZAR and BETSY

MARKEY, Congress authorized the Arkansas Valley Conduit in the Omnibus Public Land Management Act, which was signed by the President in March of this year.

Unfortunately, this authorization did not happen in time for funding to be included in the administration's budget request for fiscal year 2010.

Our team advocated as strongly as we knew how for the conduit. And I can tell you, that after communicating how important this project is to the people of my State on many, many occasions, the chairman of the subcommittee, Senator DORGAN of North Dakota, soon emerged as a committed partner in the effort.

Let me say that the people of Colorado have a good friend in the Senator of North Dakota, and that the people of his State have a tremendously capable person representing their needs.

I am pleased that Senator DORGAN and his partners on the subcommittee considered the conduit along with many, many worthy requests nationwide and determined that \$5 million of Federal resources was what could get this project off to a promising start.

This first round of funding will be used for environmental analysis, planning, and design. The final project will enable these communities—all of which have average incomes well below the national average—to comply with Federal drinking water standards.

I hope that it is just a matter of years—not decades—before the people of the lower Arkansas Valley have a conduit to call their own.

When President Kennedy traveled to Pueblo to sign the bill authorizing the Fryingpan-Arkansas Project, he proclaimed it "an investment in the future of this country, an investment that will repay large dividends."

"It is an investment in the growth of the West," he continued, "in the new cities and industries which this project helps make possible."

Today, for the first time in 47 years, we recommit to making that investment in earnest. Today, we begin the difficult, but long overdue task of building a brighter, stronger future for generations of Arkansas River Valley residents to come.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. BURRIS. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BURRIS. I ask unanimous consent to speak in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE PUBLIC OPTION

Mr. BURRIS. Madam President, for almost 100 years, Washington has been wrestling with the complicated question of health care reform. On some

points, we have broad consensus. Costs are up. Health outcomes are down. Our system is broken. Americans deserve better.

We are faced with a crisis that breaks businesses, bankrupts families, and leaves millions of hard-working Americans out in the cold. This is why we must not fail in our efforts to make reform a reality. That is why we need to include a public option in our reform package—to foster competition, reduce costs, and extend quality care to tens of millions of Americans. I believe a public option is the only way we can accomplish these objectives. That is why I will not vote for any health care bill that does not include a public option. I believe the American people overwhelmingly support our efforts.

The American people overwhelmingly support our efforts, but not everyone agrees we need meaningful reform. There are some who seem satisfied with the status quo. For example, between 2000 and 2007, profits for America's top 10 insurance companies grew by an average rate of 428 percent. While the rest of us suffer the effects of a recession, these corporations hold American families and businesses in a vice grip, and they are squeezing them for extraordinary profits. Of course, they oppose any measure that would make them compete with a not-for-profit public plan. Of course, they want to maintain their virtual monopoly over the health insurance industry. In Illinois, two companies control 69 percent of the market. People don't have a real choice anymore. This is simply unacceptable. We need the competition and accountability a public option would provide.

Insurance giants have done everything they can to block such a plan. That is why I was surprised to see the study released this weekend by an insurance trade group called America's Health Insurance Plans. On the surface, it looks like the same twisting of facts, the same scare tactics and disinformation we have seen since the beginning of the debate. For instance, our opponents contend that the government wants to take over health care and create death panels. These claims have been debunked many times. In much the same way, this new industry study claims health care reform will drive costs up instead of down. They say the Senate Finance Committee bill would cost an average family an additional \$4,000 over the next 10 years.

But, as the committee has made clear, this analysis is fundamentally flawed. The study overlooked key parts of the bill in order to produce skewed numbers designed to deceive the American people. PricewaterhouseCoopers, the company that conducted the study for the insurance agents, freely admitted this data was deceptive and incomplete. I quote:

The reform packages under consideration have other provisions that we have not included in this analysis . . . [and] if other provisions in healthcare reform are successful

in lowering costs over the long term, those improvements would offset some of the impacts we have estimated.

According to the very people who performed the study, it is deeply flawed.

This is the same tired rhetoric we have seen time and again from those who stand to profit from our broken system. By itself, I would say this new round of disinformation is hardly surprising. But in the context of our current debate, I believe opponents of reform have actually hurt their cause.

So let's take another look at the study. It actually lays out a strong case in favor of a public option. By releasing the study, these insurance giants are saying the Finance Committee bill does not do enough to contain cost. They are warning us that unless we provide Americans with a public option that can compete with private companies, these companies will raise their rates by 111 percent. That is what this study really means. It was meant to be a hatchet job, but instead it has reinforced the need for real competition and cost containment in the insurance industry.

The need for a public option is as plain as day. Over the last century, Presidents from Roosevelt to Truman to Clinton to Obama have laid out a strong case for reform. Legislators on both sides of the aisle have spoken out on this issue.

This weekend, the insurance giants finally tipped their hand. In their rush to discredit health care reform, these corporations inadvertently laid out a strong case for the kinds of reforms I have been talking about for months. They tried to threaten the American people with higher premiums so they can maintain their out-of-control profits. But we will not fall for their tricks—not this time, not anymore. This study proves that the insurance industry will stop at nothing to block reform. The only way to keep them in check is by restoring real competition and choice in the insurance market. That is a strong argument in favor of a public option. It is an argument some of us have been trying to make for several months.

Last Friday, I was proud to join 29 other Senators to sign a letter in support of a public option. My colleagues and I know the American people deserve nothing less than meaningful reform that only a public option can provide. I never guessed the insurance industry would actually help us make the case.

After a century of inaction, the momentum is finally building. Real health care reform is almost within our reach, and we must not stop now. Yesterday, my colleagues on the Finance Committee voted out their version of a reform bill. I congratulate them on reaching this milestone. This is the farthest any such bill has ever gotten. But there is much work left to do. Before we take up this legislation on the Senate floor, we need to merge the Finance bill with the HELP Committee

version, and we need to make sure the combined bill includes a public option.

I look forward to working with my colleagues to shape the final legislation. It is time for us to come together on the side of the American people. It is time to deliver on the promise Teddy Roosevelt made almost 100 years ago. It is time for health care reform that includes a public option.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Iowa.

HEALTH CARE REFORM

Mr. GRASSLEY. Before I speak, Madam President, from my text, this year, for the most part, I haven't spoken on the Senate floor much on health care reform because so much of this period of time I have either been in consultation with Chairman BAUCUS or with what has been called the Group of 6, three Republicans and three Democrats, trying to negotiate a bipartisan health care reform package. I didn't speak during that period on the floor because in intense negotiations, you can say things sometimes that might upset the negotiations. I didn't want to do anything to do that. I want people to know that those negotiations, obviously, were not fruitful in the end because the leadership and the White House thought they had gone on long enough and that we ought to move ahead. I am not sure that was to Chairman BAUCUS's liking because I think he was comfortable thinking we could get to a bipartisan negotiation. Everybody in the Group of 6 wanted to. But, of course, they came to an end. Then, of course, it took a partisan approach from that point on.

I want everybody to know, though, that during that period of talks we had in the Group of 6 and what Senator BAUCUS and I were doing individually, it ended in a way that was congenial in the sense that up to that point everything was moving along, and during the 2- or 3-month period of time we were negotiating, there was never a period that anybody walked away from the table. There was never a period that there was ever a harsh word. There was a sincere effort during all that time to reach a bipartisan agreement. I am sorry that didn't materialize, but I have no regrets that I participated in the process because you never know, you take it a day at a time around here. You never know, it could be very fruitful. And if it had been fruitful, it probably would have been better for this process in the Congress and better for the country as a whole.

For sure, this issue of health care reform is, in a sense, redirecting one-sixth of the economy because \$1 out of every \$6 spent in America involves health care. Of course, the issue of health care itself is a life-or-death situation with every American. That is what health care implies. Never before has Congress done stuff so encompassing and affecting such a large segment of the economy.

So in the process of 6 months of negotiation on health care reform, I feel much better informed about health care than I otherwise would have been, and I want to thank Senator BAUCUS for his patience in negotiating that and for every courtesy he gave to me and Senator ENZI and the Senator from Maine, Ms. SNOWE.

(Mr. BURRIS assumed the Chair.)

Mr. GRASSLEY. Mr. President, the bill is now out of the Senate Finance Committee. I commend the chairman for bringing the markup to where it was yesterday. It seems a long time since we started that markup on September 22. We have been able to air our differences, and we have been able to have votes. I think Senator BAUCUS tallied up 61 different rollcall votes we had during that 7- or 8-day period of time.

I would have to say to my colleagues in the Senate, I wish I felt better about the substance of the bill and would not have had to vote no. The chairman's mark underwent many changes during the process since the bipartisan talks ended, and I think the changes that happened since then are not for the good. I want to highlight a few of the changes I find most disturbing. As I highlight these issues, it will be clear that this bill is already sliding rapidly down the slippery slope to more and more government control of health care.

It has been the biggest expansion of Medicaid since it was created in 1965, and I think that is going to add up to 11 million more people being on Medicare.

It imposes an unprecedented Federal mandate for coverage backed by the enforcement authority of the Internal Revenue Service. I could put that another way as well: In the 225-year history of our country, never once, to my knowledge—and I would be glad to be informed if I am wrong on this, but the Federal Government has never said any citizen in this country, anytime in that 225-year history of our country, has ever had to buy anything. They do not tell you what you have to buy or not buy. You make a consumer choice.

So for the first time in the history of our country, enforced by the power of the Internal Revenue Service, people are going to have to buy health insurance. And if they do not buy health insurance, a family is going to be fined \$1,500.

Additionally, it increases the size of government by at least \$1.8 trillion when it is fully implemented. I want to emphasize "fully implemented" because right now we would read the papers as saying it is \$820-some billion and fully paid for, et cetera, et cetera. But this program really does not start until 2013. Oh, the taxes and the increase in premiums will start more immediately, but the program does not take off until 2013. If we figure 2013 to 2023 as the 10-year window, at that particular time—being fully implemented—\$1.8 trillion.

Additionally, it gives the Secretary of Health and Human Services the power to define benefits for every private plan in America and to redefine those benefits annually. That is a lot of power over people's health insurance and over people's lives.

Further, it will cause health care premiums for millions to go up, not down. It tightens further the new Federal rating bands for insurance rates. That means millions who are expecting lower costs as a result of health reform will end up paying more in the form of higher premiums. The new rating reforms alone will raise premiums by as much as 50 percent on millions, particularly in those States where there is not a lot of regulation of insurance and requirements on insurance.

I would say in regard to premiums going up, I will bet most of the 85 percent of the people out there who have private health insurance—we are talking about health insurance reform—that one of the things they would expect is that we would not have these big increases in premiums, as has happened over the last 10 years—terrible increases in premiums. Right now, we have the Congressional Budget Office and CBO saying that premiums are going to go up.

Part of this is because it is going to impose new fees, but it also has increases in taxes. These new fees and taxes will total about a half trillion dollars over the next few years. On the front end, these fees and taxes will cause premium increases as early as 2010, even before most of the reforms take place.

So let me say that a second time but yet another way: By saying that, a lot of the increases in revenue coming into the Federal Treasury or the money that is going to be saved in certain programs that is going to help pay for some of those start next year, but the benefits from the program and the policy does not kick in until the year 2013. So one of the reasons we can say it is revenue neutral is from the standpoint that there are 10 years of revenue or savings but only 6 years of policy costs that are there.

Then, of course, after making health premiums go up, this bill makes it mandatory to buy that insurance. That is what I previously referred to as the first time in American history—the first time in American history—the Federal Government has said we had to buy anything.

On several occasions, Republicans tried to take the chairman's mark in a different direction. We tried to ensure that the President's pledge to not tax middle-income families or tax seniors or veterans or change seniors' and veterans' programs was carried out. We were rebuffed every step of the way.

Republican efforts to provide consumers with lower cost benefit options were consistently defeated. This means that despite these promises, a lot of people are not actually going to be able to "keep what they have." We heard

the President say that during the campaign, and we heard the President say that in September when he gave an address to a joint session of Congress.

It imposes higher premiums for prescription drug coverage on seniors and the disabled, it creates a new Medicare Commission with broad authority to make further cuts in Medicare, and it makes that Commission permanent.

In our Group of 6 negotiations—which I said broke up when the White House decided it was taking too long to do things right because they wanted to do it right now—during our Group of 6 negotiations, I resisted making the Commission permanent. I certainly was not going to agree to target prescription drug premiums. But this bill now requires the Medicare Commission to continue making cuts to Medicare forever. The damage this group of unelected people could do to Medicare is very unknown. In fact, we will not know for quite a few years because it does not even start operation until the year 2014, as I recall.

What is more alarming is so many providers got exempted from the cuts this Commission would make that it forces the cuts to fall on those who are covered, to fall directly, more so, on seniors and the disabled.

The Congressional Budget Office has confirmed that the Commission structure requires it to focus its budget axe on the premiums seniors pay for Medicare Part D prescription drug coverage and for Medicare Advantage. Sooner or later, it has to be acknowledged that by making the Commission permanent, those savings are coming from more and more cuts to Medicare.

Finally, I cannot help but note the incredible cynicism in an amendment that took benefits away from children. That amendment was offered and passed because the chairman's mark had the audacity to let children get covered through private insurance where, of course, there is a great deal of choice. In 41 States, children would have received access to a program that is called the EPSDT benefit—basically diagnostic services. These benefits cover vitally needed services for children such as rehabilitation services, physical, occupational, and speech therapy, particularly for children with developmental diseases.

But those benefits were deleted by Rockefeller amendment No. C21. Now children in 41 States will not have access to health care, and they will be left in a grossly underfunded public program. They lost these important benefits.

What this mark has shown is that there is a clear and significant philosophical difference between the two sides. Throughout this markup, we have focused on trying to reduce the overall cost of the bill. We were told, flatout, no.

We focused on trying to reduce the pervasive role of government in the chairman's mark. We were told, flatout, no.

We tried to make it harder for illegal immigrants to get benefits. We were told, flatout, no.

We tried to guarantee that Federal funding for abortions would not be allowed under this bill. We were told, flatout, no.

We tried to allow alternatives to the individual mandate and also to the harsh penalties associated with that part of the bill that requires everybody, for the first time in the 225-year history of this country, to buy something that maybe they do not want to buy. We were told, flatout, no.

We tried to reward States with extra Medicaid dollars if they passed medical malpractice reform. We were told not just no, but, shockingly, we were told Medicaid is not even in the committee's jurisdiction.

We have watched while the other side has expanded public coverage. We saw Democratic amendments move millions from private coverage to public coverage. We saw Democratic amendments create new government programs that cover families making close to, would you believe it, \$90,000 a year.

At the end of the day, after raising billions in new taxes and cutting hundreds of billions from Medicare and imposing stiff new penalties for people who do not buy insurance and increasing costs to those who do, we still have 25 million people who are going to be uninsured.

I do not think this is what the American people had in mind when we promised to fix the health care system. As I said when this process started, the chairman's mark that was released 27 days ago was an incomplete but comprehensive, good-faith attempt to reach a bipartisan agreement. But then the modifications pulled that attempt at bipartisan compromise very far toward a partisan approach on several key issues.

With this markup being completed yesterday, we can now see clearly that the bill continues its march leftward. The broad bipartisan character of the reform proposals have very dramatically changed. This partisan change is precisely what Republicans feared would have occurred at the later stages in the legislative process. Today, as we saw yesterday, we see that those fears that were expressed when the bipartisan process ended were legitimate, and we now see they were justified. The product proves that justification.

Nevertheless, I want people to know I still hope that at some point the doorway to bipartisanship will be opened once again. That might happen because I have read in the newspapers, and I guess I have talked to one of the Senators who is involved in promoting a great deal of transparency in this process—making sure things are on the Internet for 72 hours before we take up the bill; making sure it is paid for or at least we have a CBO score—maybe there is a chance there are enough Democrats out there who have some questions about the movement of this

bill leftward that we would be able to have that doorway to bipartisanship opened again.

I also hope that at some point the White House and leadership will want to correct the mistake they made by ending our collaborative bipartisan work. I hope, at some point, they will want to let that bipartisan work begin again. Then they need to go back to that effort and give it the time needed to get it right instead of getting it done right now. I am open to that. I hope to speak to people on the other side of the aisle about that process moving forward because, here again, I get back to something I heard Senator BAUCUS probably say first, but I totally agree with him. It was said many months ago, and I think Senator BAUCUS still believes it. We may not be in a process that gets him to where he said he wanted to go, but something as serious as health care reform and something as serious as redirecting one-sixth of our economy ought to be done on a fairly consensus basis. During the process of bipartisan talks of the six of us, and even before that when Senator BAUCUS and I were talking one on one, we were talking in terms of getting a bill that 75 to 80 people would support in this body because of the significance of the issue we are dealing with: Redirecting one-sixth of the economy. At the same time, the words "health care" imply life or death. It affects the lives of all 306 million Americans who are here. It is clear that yesterday was not the day when that was going to happen, but you take a day at a time around here.

I think, eventually in this city, right wins out. Maybe not always. Maybe some people would think CHUCK GRASSLEY by saying that is very naive about the process, but there is something about "I believe," and I believe in the process of democracy. I think we saw that at work in the last several months. I am not referring to the raucous things we saw on television that went on in town meetings. I only saw the ones that went on in Pennsylvania, Maryland, and Missouri; maybe they went on elsewhere. The town meetings we had in my State of Iowa were not raucous. Everybody was able to speak their piece. In every instance, I was asked a question, I was given the opportunity to answer it. I saw some of my colleagues not even being able to control their respective town meetings. It wasn't that way in my State. But I say this process, whether it is raucous or whether it is more civilized, is a process of representative government. I think the people of this country now have about a month to weigh in on this issue, both from those who want a single payer yet, those who want public option yet, and for those who think things ought to be done in an incremental way; and people who think we should not have a bill go through here that doesn't take into consideration what to do about the practice of defensive medicine and correcting that

through medical malpractice reform in other words, getting rid of the frivolous lawsuits that get doctors to give patients every test under the Sun because they think that patient may someday sue them.

That is just one of many items that people back at the grassroots of Iowa, and I think the grassroots of America, think we ought to be dealing with. Well, there will be a month now to weigh in on these things. There is at least a week or two where we have to have a merging of the Senate HELP Committee bill with the Senate Finance Committee bill. There is still time, as Speaker PELOSI puts together a bill out of three committees in the House. There is an opportunity for democracy to work as it has during all the massive amounts of mail we are getting that we have never gotten before on a single subject and the turnouts at our town meetings and the telephone calls that come in. I think people made an impact, and I am suggesting they can make the same impact on health care reform as they made on the stimulus bill. It didn't get quite the results constituents wanted, but I can tell my colleagues that during a 10-day period of time, 5,000 Iowans called my office on the stimulus bill, and during that period of time about 83 percent were opposed to the stimulus bill. Those calls were coming in from all over the country into everybody's office.

As my colleagues remember, the Thursday before the Presidents Day break in February, everybody was being told that constituents would have 72 hours to read the stimulus bill, but an agreement was hastily reached that Thursday before that break and the constituents didn't have 72 hours to read that product, because I think the leadership of this body and the White House were reading the grassroots objections to a \$787 billion stimulus bill, and if they waited around for the 72 hours for constituents to read it and it laid around over the week-long break, that it would never have been passed a week later, after the Monday of the Presidents Day holiday.

So people are listened to. This is an opportunity for the grassroots of America to speak up. If they speak up in the same way they did on TARP legislation, on stimulus, and they do it on this health care bill, it may make an impact. It may surprise people that Washington does respond to the grassroots of America. It may prove to the American people that representative government does work. What is representative government all about? It is about those of us who were elected being one-half of the process of representative government, and it is our constituents who are the other one-half of representative government. If there is no dialogue between constituents and those of us who are elected, we don't have representative government.

This is an opportunity, over the next month, for representative government

to work for the people of this country, both for this legislation or people who think this legislation ought to be revised because I don't think we are going to have anybody calling in saying everything in America on health care is OK, but we are going to have a lot of people calling in and saying how they think it ought to be done. There will probably be a great deal of disagreement with a bill that constitutes the most massive involvement of health care in the United States since Medicare and Medicaid, with all its taxes and with all its premiums going up and all the cuts in Medicare that are going to scare the devil out of our senior citizens, et cetera.

I hope people will take notice now that all these bills are out of committee and they are coming to the floor because this is serious business. I hope the American population takes it seriously.

I yield the floor. I don't see other colleagues ready to speak, so I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. Mr. President, I ask unanimous consent to speak as in morning business for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. Mr. President, I wish to speak briefly. I know we are going to get a lot of debate on this issue as we go down the road relative to the health care package which was reported out of the Finance Committee and the health care package which was reported out of the HELP Committee, of which I am a member, and how they are being pulled together and what the implications are for health care and for Americans, generally, who are all affected by these bills. This is 16 percent of our national economy. There isn't an American who isn't impacted by health care. So when the Congress decides to fundamentally change—and that is what is being proposed—fundamentally change the way health care is delivered in this country, it will have an impact on everyone and a very significant impact on everyone who has to interface with the health care system in the immediate future.

The bill that came out of the committee known as the Kennedy-Dodd Committee at the time, which is now the Harkin committee, which I am a member of, was a bill which basically subscribed to the view of a large majority, I think, of the House Democratic membership and a fairly significant group of Members on the Democratic side in the Senate, which essentially said the government should start to take very significant control over the

health care delivery system in this country.

In fact, they would propose a public plan, a plan that would basically put the government allegedly in competition with the private sector. But we all know the government isn't a fair competitor, because the government doesn't have to play by the same rules as the private sector, and that would put us on a slippery slope toward a single-payer system or a nationalized system, much like you have in Canada and England. They have some very severe problems in those countries. There isn't a lot of innovation in those nations in the area of health care. Health care isn't of the quality that we have here, and they have significant delays and, in many instances, actual rationing where certain people cannot get certain treatments because of their age or they don't qualify under the rules that are set up. It is not the type of system we want in this country.

The purpose of health care reform should be to make health care insurance affordable to everyone, while in the outyears reducing the rate of growth of health care costs, and to allow people who have an insurance policy today to keep it. Those are the goals we set off when we stepped into the arena of trying to change the health care delivery system. Neither the Harkin bill—although it wasn't offered by him, but was offered by Senators DODD and Kennedy—nor the Baucus bill accomplishes any of those three goals. In each of those situations—take, for example, that everybody should have access to affordable health care. The Harkin bill, as scored by CBO, says that of the 47 million people who don't have health insurance, approximately 34 million would still not have it after that bill is fully phased in. The bill coming out of the Finance Committee varies and looks as if it is in the vicinity of about half of the people who don't have health care today will still not have it after that bill is phased in. As to the outyear costs, neither the Harkin bill nor the Kennedy bill controls outyear costs. In fact, the costs go up rather dramatically in the area of health care.

As to letting people keep their insurance if they like it—no, that doesn't happen either. In fact, large numbers—in the millions, according to CBO—would migrate out of their private system into a public plan because basically the employer would drop their plan. That is also true, I believe, of the Baucus plan, although we haven't gotten a final score on that. When you set penalties for an employer at a level that says to them it is fiscally prudent for them to pay the penalty rather than insure people, many will give up the insurance and push people into the subsidized program, called the exchange. Thus, a lot of people will lose the insurance they have today.

None of the three goals is met by these proposals. What do these bills do—especially the Baucus bill, which is

the center of attention? First, they create a massive expansion of the size of the government. We are a government today that is running a deficit of \$1.4 trillion this year. That is three times more than we have ever had in the history of this country—\$1.4 trillion, which is about 12 percent of our economy. Historically, deficits have been about 3 percent of the economy. Today, it is \$1.4 trillion or 12 percent of our economy. That deficit doesn't come down dramatically. We continue to run deficits under the President's plan, prior to this health care bill being passed, of approximately \$1 trillion a year for the next 10 years. Average deficits over that 10-year period are between 5 and 6 percent of GDP, and we take the public debt from 40 percent of the GDP up to 80 percent. What do all these numbers mean? They are not just numbers thrown up in the air. They are obligations—debt we are running up on our children, because we have a government that is so large today that we cannot afford to pay the bills for it.

Almost every economist of any note or credibility says that when you run deficits that exceed 3 percent of GDP for an extended period of time or when you take your public debt from 40 percent to 80 percent of GDP, you are basically creating an unsustainable situation—a situation where you cannot pay the debt, and where your children and our children's children, who will be subject to these deficits and debts, will end up with a government they cannot afford and which will lead inevitably to devaluing the dollar. We are already seeing a reaction to that in the international marketplace, and probably a massive increase in the tax burden, which reduces productivity and reduces, therefore, job creation.

Those are not good scenarios for our kids. It means a lower standard of living, less opportunity to buy a home, to send their children to college, and less opportunity to do what our generation has been able to do, because they are having to bear such a burden of the Federal Government—on top of this government that is, today, already projected to run deficits as far as the eye can see of \$1 trillion a year, to a public debt that will go from 40 percent to 80 percent of GDP. The proposal is that we are going to spend another—when it is fully phased in—\$1.8 trillion over 10 years on this brandnew entitlement program. And then the almost laughable—were it not being presented in such a way that is claimed to be sincere—proposal is: but we are going to reduce the cost of government.

A brandnew entitlement will be created, which costs us approximately \$1.8 trillion over a 10-year period. It scores at \$823 billion in the first 10 years because it is phased in. In the first 4 years, they take revenues in from the bill, but they don't start the program. The numbers are all skewed in the first 10 years. If you look at it in the 10-year tranche, where the program is fully implemented, it is \$1.8 trillion. We are

going to create this massive expansion of the size of government with these brandnew entitlements being put into place and, in the process, grow the government at a rate that it hasn't grown in recent history, taking government from about 20 percent of GDP up to about 23, 24 percent—unsustainable levels—and we claim we are going to do it while reducing the cost of government, which is absurd on its face.

Some would argue that we need to do that in order to take care of health care, and that this is revenue neutral because, as a practical matter, we have put a cut in Medicare of \$400 billion and tax increases of \$500 billion, and those will pay for this over that 10-year period.

What they fail to tell you, of course, is when it is fully implemented, neither the cut in Medicare is large enough, nor are the tax increases, to make those numbers. To give them the benefit of the doubt, let's say that this Congress is going to cut Medicare by \$400 billion and create a new entitlement for uninsured people—take it from seniors and give it to the uninsured people. And this Congress is ready to raise taxes by \$500 billion. Let's give the benefit of the doubt to the Congress, which I know isn't going to happen because, just 5 years ago, I was chairman of the Budget Committee and I suggested we reduce the rate of growth of Medicare by about \$15 billion, and we could not get any votes on the other side of the aisle for that, and now they are suggesting they are going to cut it by \$400 billion. That is what is called "bait and switch." It doesn't happen. This proposal won't occur.

As a practical matter, giving them the benefit of the doubt and saying they are able to raise close to \$1 trillion in new taxes, or spending cuts in Medicare, over the next 10 years, recognizing in the following 10 years it is not nearly enough, why is that incorrect to have a program if it is paid for? I will tell you why. This government is running so much debt to the extent that if we are going to use resources like that, we ought to reduce the debt of the country, not use them to create a new program on top of a government that is too large as it is. We know for a fact—an absolute fact—that Medicare has a \$34 trillion unfunded mandate. Try to think of that. That means we know that we have expenditures in Medicare that will exceed income in Medicare by \$34 trillion.

So why on Earth would we cut Medicare spending by \$500 billion, or \$400 billion, and use that money to create a new program? We should use that money, if we are going to take that action—and some of that action is responsible—and use it to make Medicare more solvent. If we are going to raise taxes by \$500 billion—tax the rich, as the House claims, and they always end up taxing middle-class America, or are we going to add special fees against special industries, such as the pharmaceutical, hospital, medical device, and

other industries? If we are going to do that and assess a penalty on people who don't buy insurance, and we are going to assess small businesses that don't buy insurance a penalty, should we not use that money to reduce the burden of the debt of this country as it is being driven by the present health care system, not by adding a brandnew entitlement that absorbs all those resources?

There are a lot of ways we can do health care reform here that are much more responsible than what is being proposed. The recent claim by the White House and Members of the other side is that this bill isn't going to affect people's premiums at all. The premiums will go up, but no more than usual. That is so unbelievable on its face. Think about this. This bill suggests that insurance companies are going to have to pick up a massive increase in the cost of insuring people because—for a lot of technical reasons, but basically it sets up a system where not enough people will be coming into the insurance pool; a lot will be opting out to cover the additional costs, which is going to have to occur as a result of the very rich benefits package under this bill and the fact that there is no longer any exclusion. Everybody gets covered by insurance. So on the face of it, insurance companies aren't going to be able to absorb those costs. They are going to pass them off to the people who pay the premiums.

Then the bill suggests they are going to put another 14 million people under Medicaid—take Medicaid coverage from 100 percent up to 133 percent of poverty. We already know Medicaid only pays 60 percent of the cost of health care. We already know that for the people under Medicaid, 40 percent of the cost is being borne by people with private insurance, who are paying for not only the cost of their health care but for the 40 percent of health care costs that are not reimbursed under Medicaid. So when you add another 14 million people, that goes onto the premiums of the people in the private sector. Thus, the premiums have to go up because they cannot absorb all the costs.

Then we know that a large number of people will come into the system but not enough to cover the fact that everybody is going to be required to be covered. There is going to be something called "adverse selection," where some folks basically buy coverage at the last minute because they are suddenly finding they are sick and haven't been paying into the pool very long. They will be able to do that under this system and, thus, drive up the cost of insurance for everybody else.

We know the insurance prices will go up there. We know the premiums are going to go up significantly. That is just common sense. Whether you accept the study by the insurance companies or look at what—it is like 1 and 1 makes 2. It is an obvious fact. Then we ought to know something else. The

hospitals, under this proposal, have agreed to chip in—in order to basically be at the table—for something like \$20 billion or \$40 billion. The drug companies have agreed to chip in \$80 billion. When you add that all up—all of which is passed back to consumers—none of them will absorb all of the costs, and you end up raising the cost of health care.

In the end, people's premiums will go up—people who have private insurance. You might say: Why would somebody do that? Why would somebody drive up premiums on people? I will tell you why. Because the goal here is to basically eliminate private insurance. The goal here is to create a structure where essentially people who get private health care through private insurance or their employer will be forced out of that health care insurance and into an exchange, where there will be a public plan, when this is all over. The government will essentially absorb all insurance. This is not a good idea. Why isn't it a good idea? Because the government basically, in order to control costs, can only do two things: it can limit access or it can control prices.

I ask unanimous consent for an additional 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. It can limit access or control prices. Either way, it significantly undermines the quality of health care.

There are about 180 million people in this country—or more, I guess—who already have health care and are fairly comfortable with the health care they are getting under the private system. There are about 190 million, actually. But they are going to be at deep risk.

There is something else here that is very serious that we have to think about. As you start to put these types of pressures on the system and you start to regulate prices and you start to regulate access and you start to regulate reimbursement and you have the government doing all of this, you start to stifle innovation. A lot of the drugs that come on the market today come on after a massive period of time of research—I think it averages 15 years—and a huge amount of investment. I think it is \$800 million to bring a new drug to the market. That \$800 million does not appear from out of the sky. People who are investing money say: I am willing to invest in that drug because I think it will work and it will do social good, but I also think I am going to get a reasonable return on my investment. But if you set up a system where you have price controls and where the return on investment is artificially low, you basically don't allow people to recover their costs or their costs plus a reasonable return on their investment. Then the money will not go into those research activities, the money will go somewhere else. It will go into new software. It will go into new machinery. It will go into real estate ventures where the return is bet-

ter. You inevitably chill the investment in the innovation, especially in the area of pharmaceuticals, which is where most of the great research is being done today that is making better health care outcomes more available.

Mr. CHAMBLISS. Mr. President, will the Senator respond to a question?

Mr. GREGG. I am honored to respond.

Mr. CHAMBLISS. Mr. President, the Senator mentioned a little bit earlier about the previous attempt to slow the growth of Medicare. I remember during my House days—it has probably been a decade or more ago—when the Senator from New Hampshire was on the Budget Committee on the Senate side. We were looking at a rapid growth of Medicare, somewhere in the 7 to 8, 9 percent rate. What the Senator from New Hampshire is talking about is that in order to try to achieve a balanced budget and to make reforms in Medicare, instead of it growing at that rate, we were going to reduce the rate of growth, not reduce the amount of money, just reduce the rate of growth to about 5 percent per year to help achieve a balanced budget and at the same time continue to provide the services under Medicare that we did then.

I ask the Senator what he thinks is going to happen if we are not reducing the rate of growth, but in this plan coming out of the Finance Committee that will be on the floor and the one that came out of the HELP Committee that will be melded with that bill, there is going to be a reduction in Medicare spending by about \$500 billion over 10 years. Will we be able to provide the same services under Medicare that we do now if we reduce the amount of money spent on Medicare?

Mr. GREGG. The Senator from Georgia asks a very appropriate question because the practical effect of the reductions which are being proposed is that people who are on Medicare Advantage, which is a program many seniors like, will be eliminated. They will no longer have the opportunity to use Medicare Advantage or it will be contracted so much that it will be a shell of its former self. This is being done not in order to make Medicare solvent—and there are very serious issues about Medicare solvency—it is being done in order to move that money over and start a new entitlement for a new group of people who are not seniors and who have not paid into the health insurance trust fund and who have no relationship at all to Medicare.

Mr. CHAMBLISS. The Senator from New Hampshire has been here a lot longer than I have, both in the House and his service in the Senate. Mr. President, has the Senator from New Hampshire ever seen a mandatory spending program that has been created by the Federal Government reduce its spending?

Mr. GREGG. The Senator asks another good question. "No" is the simple answer. We all know that once you

start a mandatory program, it always grows and grows significantly. That, of course, is why we are in such trouble as a nation, because we have a number of mandatory programs to which so much has been added that we simply cannot afford them any longer under our present structure of a government.

Now we are going to take that problem and compound it by \$1.8 trillion, which is pretty irresponsible of us and fiscally irresponsible, but it is also irresponsible in the sense of stewards of our children's future because our children are going to inherit a government that cannot be afforded and they are going to get bills or get a devalued dollar.

Mr. CHAMBLISS. If the Chair will allow me, I wish to ask another question about Medicaid.

The proposal coming out of the Finance Committee to the floor of the Senate has a huge effect on my State, and I am sure it has a similar effect on Senator GREGG's State, and that is this: The eligibility for Medicaid will move from 100 percent of poverty level to 133 percent of poverty level, which will add a significant number of additional individuals all across America to the Medicaid rolls.

In my State, where the Federal Government will pick up the tab for the first 3 years, there is going to be an additional cost of \$1.2 billion for those additional Medicaid-eligible individuals in Georgia. Beginning in the fourth year, the State of Georgia is going to have to pick up that \$1.2 billion.

The Senator from New Hampshire is a former Governor, and I assume New Hampshire probably has a balanced budget requirement, as we do. We are furloughing teachers today. We are furloughing State employees. Schools are operating 4 days a week instead of 5 days a week. We are doing everything we can to decrease spending at the State level and even below that to try to make sure we achieve that balanced budget. If we as Georgians are asked to come up with another \$1.2 billion to fund a health care program, we simply do not have the money to do it.

I ask the Senator if he has a similar situation in New Hampshire.

Mr. GREGG. The Senator from Georgia is expressing a problem which I think most State Governors are extraordinarily worried about, whether they are Republicans or Democrats, which is that this bill, as it starts up, covers the additional people who will be pushed into Medicaid, which is about 14 million nationally, but that coverage drops off in the outyears, and it will put many States in dire straits.

The Senator from Georgia talked about the numbers in Georgia. New Hampshire will have the exact same problem, only we do not have a balanced budget amendment. We are not that foresighted. I wish we were. So we already have a problem. We are already running major deficits in the State of New Hampshire, and if you throw these new Medicaid costs on, you are going

to make it very difficult to do things such as spend on school systems and, especially in New Hampshire, on our college systems and our mental health care systems which are key to our quality of life in New Hampshire.

This will be a massive unfunded mandate. I saw the number \$33 billion as being what the States will end up picking up over the 10-year period. That is a big number for States to pick up. It will put massive strains on State budgets. It is another example of the Federal Government saying: Here, look at the wonderful things we have done for everybody, and then sending the bill to the States, which is totally inappropriate.

Mr. CHAMBLISS. Lastly, if I may ask one more question through the Chair, as we reform health care—and 100 percent of the Members of this Senate agree that we need to reform health care. We have the best delivery system in the world, but it can get better. We can have a better delivery system. We have the best insurance system in the world, but it needs reforming. It can be made better.

Does the Senator from New Hampshire, who I know is familiar with the details of the plan that came out of the Finance Committee, know of any provision in that bill that is designed to reduce the costs of health care delivery in this country, which will help make that system better, which will help make the insurance system better by making premiums for insurance more affordable for folks who cannot afford it today?

Mr. GREGG. The Senator from Georgia leads in the way I want to close this discussion. There are ways to do what the Senator from Georgia is suggesting. There are ways to reduce the cost of health care in this country and to make it better.

Let's take, for example, malpractice reform, abusive lawsuit reform. None of that is in the Finance Committee bill. We should have something there. The President says he is for it. We should do something in that area. CBO scores this as a \$54 billion savings. That is not chicken feed—not in Georgia, not in New Hampshire. That is a big number. So we should have malpractice reform.

We should have proposals which basically incentivize employers to have their employees with healthier lifestyles. It is called HIPAA reform. That is not in the Finance Committee. It is very easy to do. You give people the incentive and employers the ability to say to someone: If you stop smoking, if you live a healthier lifestyle by reducing your weight, if you take the tests you need to take in the area of better health care, such as colonoscopies, we actually will give you a cash reward. We cannot do it under the Finance Committee bill and, to a lesser degree, under the Kennedy-Dodd bill or the Harkin bill but not as much as we would like.

There are specific diseases we should target, such as obesity and Alz-

heimer's. There are a whole series of healthy lifestyles. There are things we can do in a step-by-step manner which will get us much farther down the road toward quality health care for all Americans rather than this massive expansion of health care through a massive expansion of an entitlement which will lead inevitably to, in my opinion, a huge debt being passed on to our children.

Three groups are going to pay for this \$1.8 trillion: One is seniors citizens who are going to pay for the cuts through Medicare; two is small businesses that are going to have to pay through massive increases in premiums for their insurance, and they will probably have to give up a lot of coverage of their people; and three is our children, who are going to have to pay the debt.

I appreciate the thoughts and questions of the Senator from Georgia. They are right on point. I thank him for getting involved in this discussion. In fact, I yield the floor to him right now.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. CHAMBLISS. Mr. President, I appreciate the comments of the Senator from New Hampshire, who has certainly been in the forefront trying to make sure, No. 1, that the budget of this country is in a very positive situation as we move forward and that we do not leave our children and grandchildren burdened with a debt they simply cannot pay. As he has said, they are the ones who, at the end of the day, along with senior citizens and the small business community, are going to wind up paying for this bill if it comes out crafted the way it is presented in the Finance Committee and the way it appears it is going to come out of the Finance Committee to the floor of the Senate.

Mr. President, I ask unanimous consent to speak for 5 minutes on another subject.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I have been waiting to come here for a bit. I have no problem with 5 minutes. I am patient. I want to alert the Senate what is going to be happening the rest of the day. I will wait for my friend from Georgia.

Mr. CHAMBLISS. If the majority leader wants to go—

Mr. REID. No, that is fine. I am happy to do this. I want everyone to know what is happening here tonight. I will do that when the Senator from Georgia finishes.

The PRESIDING OFFICER. Without objection, it is so ordered.

RECOGNIZING VERNIE HUBERT

Mr. CHAMBLISS. Mr. President, it is with great pride and yet much regret that I stand here today to recognize a dear friend and longtime servant of American agriculture who is retiring from public service.

Through nearly 25 years of serving in various capacities on the House and

Senate Agriculture Committees, Vernie Hubert has exemplified tremendous character, an infectious personality, and an astute knowledge of the law, for which I admirably respect and thank him. I would like to issue a special thanks to his wife Kathleen and daughter Mary Phillips for allowing us to have him in Washington for the past 3 years while they have lived in Texas. I am eternally grateful for his dedication to agriculture. His encyclopedic knowledge and valuable input will certainly be missed.

What began as an internship in the House Agriculture Committee for Vernie in 1982 has since blossomed into a distinguished agricultural law career. Before entering law school, he earned a bachelor's degree in biomedical science at Texas A&M University and even served as a first lieutenant in the U.S. Army Reserve Medical Service Corps after graduation.

Upon graduation from St. Mary's University School of Law in 1985, Vernie returned to his beloved South Texas for a brief stint as an assistant prosecutor in Brazos County. Though his heart has always remained in Texas, Vernie returned to the House Agriculture Committee to work with then-chairman Kika de la Garza and ranking member Charlie Stenholm, where he served for almost 20 years in various roles—as associate counsel, staff director, and legislative director.

In 2004, I was fortunate in luring Vernie to the Senate, where he has served as chief counsel on the Senate Agriculture Committee for me since then. We were successful in passing a farm bill last year, and a big reason for that success is due to the tireless, diligent efforts of Vernie Hubert.

Seeing that the 2008 farm bill was the fifth farm bill that saw passage during Vernie's tenure, it goes without saying that his experience in negotiating agriculture policy is not going to be easily replaced.

In fact, it is impossible to replace a person like Vernie Hubert, not only for his wealth of knowledge but also for the richness of his character.

In the years I have known and worked with him, he has remained a loyal confidant and has always kept American agriculture's best interests at heart. Vernie, you will sincerely be missed by everyone who has had the pleasure of working with you, and I wish you nothing but the best in all your future endeavors.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I appreciate the usual courteousness of my friend from Georgia.

There will be no more votes today, but I want to say a word about a statement made by my friend, the senior Senator from New Hampshire. He talked about the CBO saying there would be \$54 billion saved each year if we put caps on medical malpractice and put some restrictions—tort reform.

Fifty-four billion. Sounds like a lot of money, doesn't it? The answer is yes. But remember, we are talking about \$2 trillion—\$4 billion compared to \$2 trillion. You can do the math. We can all do the math. It is a very small percentage.

I have said in meetings before that people who practice medicine are negligent. What does that mean? The Presiding Officer is a lawyer, my friend from Illinois who is next to me is a lawyer, my friend in the aisle from Maryland is a lawyer, and we learned early on in law school what the definition of negligence is. If someone runs through a stop light or a stop sign and hurts somebody, they have been negligent. And our system of justice, carried over from the common law in England, allows people to seek redress for the injuries they received as a result of someone's negligence. Doctors are negligent. They are human beings and they make mistakes and they hurt people.

I have said before—and I will be very quick with a little story. My friend, Senator COBURN, is on the floor. He is a medical doctor. I used to spend hours and hours on the floor, and one day I felt in my left foot that my sock was kind of gobbed up on the bottom of my foot. I thought: What is wrong? I don't know what that is. So I went into my office and took my shoe off and the sock was fine. To make a long story short, I had a problem with my foot. As some know, I have run thousands of miles on my feet and one of them reacted. It was tired of running those thousands of miles, I guess. I was diagnosed with having a Morton's neuroma on my foot, which required surgery. They tried all the other things and they didn't work.

So I go into the hospital to have this surgery. Remember, it is my left foot. I am on the gurney—the hospital bed, whatever it is—and they are getting ready to do the surgery. I look down and I have a big mark from a Magic Marker on my right foot. I say: Why is that big mark on my foot? And the doctor and the personnel say: That is where we are going to operate—on that foot. That is why we put that check. I said: The wrong foot.

If I hadn't said something, they would have operated on my good foot and left my bad one for a surgery later on. That is negligence. I said something about that. But as I have said before, my wife was born shy and she will die shy. She is a very shy person. She would have been on that surgical table ready to have that surgery and she wouldn't have said a word about that big mark on her foot. I know her. We have been together these many decades, and I know she wouldn't have said a word. That is medical malpractice. We need to protect people from doctors who commit negligence.

In talking about the great report Senator GREGG cited, he failed to mention one thing I think is kind of important—important to me. If this went

into effect, 4,853 Americans would be killed every year by medical malpractice. Over a 10-year period, I repeat, 48,000 Americans would die because of medical malpractice. So I would suggest people not wave that around because I don't think the American people want to be part of the 48,000-plus people being killed because of medical malpractice—malpractice by doctors, not other personnel.

We haven't done a thing today. Why? Because the Republicans will not let us. We had cloture invoked on an important piece of legislation and they are using the 30 hours postcloture. For what? For nothing. For nothing. No one is coming here from the other side saying how important it is they have the extra time to talk about this legislation. It is wasted time.

The Republicans have made the political calculation they would rather have no progress made. No suffering American gets help. They would rather do that than work with us to move forward on the most pressing issues in this country. It is not just limited to the health care debate we have heard about for months on end. Because they refuse to move forward, to hold up the legislative process for no substantive reason, we are wasting America's precious time and money.

We could be working on extending unemployment benefits at a time when unemployment is high in virtually every State—some States higher than others. Unemployment is running out in some States. We could be supporting the Department of Defense conference report—the authorization bill. It is the bill we do every year for our fighting men and women around the country and around the world. We are not doing that. Why? Because we are wasting time here. We could have a couple of hours of debate on it at the very most. But, no, we are wasting our time.

I came to the floor last night and said: Why are you doing this? They said: Well, if we could work a little longer, we could come up with a list of amendments. I repeat what I said last night. I was here until I don't know how late on Thursday. Everybody had vacated this building. I could have yelled down the hall and no one but a police officer would have heard me. Why? Because we were waiting for them to come up with some amendments so we could fill the bill. But they were just killing time. There was no intention of completing that bill. They were stalling for time. So I had to file cloture on that bill.

Department of Homeland Security. We have a conference report we would like to complete on appropriations. Are we doing that? No. Are we completing our appropriations bills? We got a letter from the Republican leadership saying: Let's do the appropriations bills. We are trying. But, again, they are stalling and will not let us. In the Department of Defense and Department of Homeland Security, we have two critical agencies that need all the support

they can get at a time when our Nation is fighting two wars—two wars plus homeland security trying to protect our borders and protect the homeland.

We could be passing appropriations bills to keep our country running, including Commerce-State-Justice that they held up last night. Instead, we are doing the Republican shuffle. If it sounds familiar, it should. Last year, Republicans broke the blindly partisan record of pointless filibusters—nearly 100. Not nearly; 100 is how many it was—more than any other session of Congress in the history of our Nation. What does this accomplish? Zero. Nothing.

The American people didn't demand paralysis, they demanded change, and we are trying our best. It is long past time for the Republicans to listen to what the American people want. Their strategy of stubbornness is shortsighted. I am confident that, in the end, these Republican tactics will once again prove to be self-defeating, just as they were last November. I am so concerned that we have the same Republican shuffle time after time and we spend hours and days on this floor doing nothing.

Mr. LEVIN. Mr. President, I wonder if the leader would yield for a question.

Mr. REID. I am happy to yield to my friend.

Mr. LEVIN. The leader mentioned the Defense authorization bill is awaiting action by this Senate. We have a conference report. We have spent months and months and months on this bill. There are critical provisions that everyone knows about. Some of those, it can be argued, well, doesn't that require an appropriation? The answer is: Yes, technically, some of these provisions do.

For instance, the pay increase requires an appropriation. But by holding up this bill—the conference report—we are holding up legislative provisions as well that are critically important that do not rely on appropriations. So I want to—

Mr. REID. I would say to my friend, the majority of your bill is legislative language that has nothing to do with appropriations.

Mr. LEVIN. And I want to ask the leader, if he can bear with me for a moment. I wish to spend a couple moments talking about a few of the legislative provisions. One, to remedy the military commissions law. It has been basically thrown out by the Supreme Court. We cannot hold people in front of military commissions and try them before military commissions under the current law. We have to modify this law. We have spent months doing it. The modifications are in the Defense authorization bill. Until these modifications are signed into law by the President of the United States, we cannot have detainees tried before military commissions.

We want to get equipment to Afghanistan. Many of us are focusing on strengthening the Afghan Army as a

way that we can succeed in Afghanistan, to get their numbers up, to get their equipment up. But in order to get nonaccess property from Iraq to Afghanistan, we have to authorize it. That is in the bill that is now being held up because, apparently, there is an unwillingness on the part of some of the Republicans to agree to a unanimous consent agreement with a time agreement for debate. No one is trying to preempt anybody from talking.

There is one other example. Unless we act, soldiers who are getting care at TRICARE facilities are going to have to pay \$100 a day extra. We have to stop that from happening—to continue the provision in law to extend the limitation on charges for patients who are getting TRICARE. On and on and on.

We have critically important legislative provisions, and my question to the leader is this: Am I correct in my understanding that we have offered a unanimous consent agreement, given a willingness to enter into a time agreement on how many hours of debate—and I know there are people who oppose the hate crimes provisions, for instance, in our bill. We are not trying to preempt debate. It is the opposite. We are trying to get on with the debate. So my question is: Is it true we have offered a unanimous consent agreement on the Defense authorization bill and that it has so far been rejected?

Mr. REID. Yes, yes, yes. I say to my friend, you have only mentioned a few of the most important things that satisfy and take care of the military and our fighting men and women in our country.

I say to my friend, I went to the first ever Reid family reunion in Searchlight. It was interesting. You should have seen the invitation—"sobriety requested." That was fine. Not everybody followed that, but it was pretty interesting. A child of one of my cousins was there and she said: I want to tell you that my husband is 30 years old and just joined the Army.

Because of the downturn in the economy, we have had huge numbers of people joining the military, and we need to take care of those people, such as my relative I learned about in Searchlight.

So I thank the chairman very much.

Mr. LEVIN. I thank the leader, and I hope our Republican friends will reconsider their objections to letting us proceed to the Defense authorization bill, which is critically important to the country.

The PRESIDING OFFICER (Ms. CANTWELL). The assistant majority leader is recognized.

Mr. DURBIN. Madam President, I will be very brief. I want to back up the comments recently made by Senator LEVIN of Michigan, the chairman of the Armed Services Committee, and our majority leader.

How can we, in the midst of two wars, stop the Department of Defense authorization bill on the floor when our sons and daughters, husbands and wives, Americans across this country

are risking their lives? We have this stall tactic on the floor, where they will not even allow us to bring this up for a vote for the Department of Defense authorization. A lot of people around here go back home for parades and wave the red, white, and blue and salute our troops and tell us how much they love them and then come to the floor and engage in stall tactics and filibusters to stop this.

I would say to the other side of the aisle: Don't go home and wave the flag of patriotism if you will not at least give us a chance to vote on the bill our men and women in uniform are counting on. Too many of them are doing just that. I might also tell you that when it comes to unemployment benefits, we know what is going on in America. Hundreds of thousands of people have lost their jobs. As of September of this year, the end of September, 400,000 Americans lost their unemployment benefits, another 200,000 will occur within this month and then 1.3 million total by the end of the year. We have asked the Republicans: Will you let us extend unemployment benefits for people who have no way to sustain their families? No. They want to filibuster this. They want to offer amendments that have nothing to do with this whatsoever. They want to drag it out. They have no sensitivity to these people who have lost their jobs and are struggling to keep their families together under the most difficult circumstances. The Homeland Security conference report is another one. That is going to pass soon, and we are having difficulty from the Republican side getting any kind of agreement getting this measure enacted. This is a measure about the safety and security of our country.

The Commerce-Justice bill, this is one Senator MIKULSKI brought to the floor. It includes the Federal Bureau of Investigation and law enforcement. We could not get a single Republican yesterday to agree with us to bring this bill to a vote after it sat on the floor for an entire week, waiting for amendments that were promised and never delivered.

Now we have the Energy and Water conference which could pass, an important bill to put people to work in America. We had a vote earlier today, it was 79 to 17—people thought it was a great bill. Now it is being stalled. It is being stopped.

The bottom line is we came here to do some work, not to dream up ways to stall and not do the people's work. Too many people are being disadvantaged by this tactic. It is the tactic of the minority. It is one they will pay for because the American people understand they have no proposal when it comes to health care reform—nothing. Now they have no agenda when it comes to these important items for our men and women in uniform, for the people who are unemployed across America to keep us safe through homeland security and basic bills for law enforcement

and for Energy and Water appropriations. They want to stop them all, stall them all.

That may be a good tactic that some of their political consultants have given them but don't think the American people are going to accept it.

ORDER OF PROCEDURE

I ask unanimous consent that when Senator UDALL is recognized, Senator UDALL of New Mexico is recognized this evening, he control up to 1 hour of that time as in morning business and it be in order for him to engage in colloquies during this time; at the conclusion of that hour, Senator COBURN be recognized to speak for up to 1 hour; at the end of that hour, it be in order for Senator UDALL to be recognized for another hour under the same conditions as identified above; and at the conclusion of that hour, Senator COBURN again be recognized for 1 hour as identified above.

The PRESIDING OFFICER. Is there objection? The Senator from Oklahoma.

Mr. COBURN. I ask the unanimous consent be modified that I be given 3 minutes to speak prior to the start of that unanimous consent.

Mr. DURBIN. I have no objection.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. COBURN. I wanted to answer a few of the points of the distinguished majority whip. The reason the Energy and Water bill is being held up is because the conference took out transparency that the people of this country need to see. It could easily be fixed by the majority agreeing that we will send that back, we will send a resolution back and ask the House to put the transparency back in. That is the purpose for it. It is not a delaying tactic. The fact is, we didn't defend what we actually voted for. That is the answer to the first question.

The unemployment benefit, we all want to extend it. We just want to pay for it. We don't want to charge it to our children. We want to get rid of some of the waste. We want to either take some money from the stimulus account and pay for it, but we do not want to charge the unemployment extension to our grandkids. We think you ought to make those hard choices.

Finally, on the cloture vote yesterday, as far as I could count, there are 60 of you and all you had to do was bring 60 votes to the floor, which you chose not to do. There were only three amendments that have been voted on on the Commerce, Justice, and State. I have three amendments pending. I agreed to have votes on them yesterday. Instead of having votes, we decided to do cloture, which was not achieved.

The final point that the Senator from Illinois makes, the very claim that we have no health care proposal—the first health care proposal that was filed and

published was my health care proposal that is a comprehensive health care proposal that saves the government money, covers more people than any of the bills we have today, saves \$70 billion, saves the States \$1 trillion, and solves most of the problems as far as access and cost, it covers people with any preexisting illness.

It is not we do not have a plan, it is that we couldn't get our plan agreed to or listened to.

I understand the frustration of my friend from Illinois; there is no question. We do want—we almost had an agreement yesterday to finish Commerce-Justice. There is no question. Everybody knew that. Then we decided to vote cloture.

I am happy to finish. We can finish it tomorrow if we can come to agreement on the amendments. We vote on the amendments and finish that bill tomorrow and finish this tomorrow. They can both be finished tomorrow easily, so it is not about structure; it is about growing the Federal Government, expanding the size and scope of the Federal Government and charging the cost of that to the next two generations. That is the objection. It is not about slowing the process.

I understand it is frustrating being in the majority when, in fact, there are minority rights, but when the amendments aren't agreed to, aren't allowed to have majority votes, then you can understand our predicament.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

Mr. UDALL of Colorado. Madam President, it is great to be here with you this evening. I see Senator DURBIN is still on the floor, and I know he may want to speak to the issue that was just raised. We are here discussing the public option. I hope Senator DURBIN has a minute or two to talk about that.

Mr. DURBIN. I thank the Senator, and under the hour he has been given, I thank him for yielding a few minutes. Let me say, what happened to you in the conference committee has happened to all of us. You had an amendment adopted in the Senate. As I understand it, we all supported it. It died in conference. It is frustrating, something you believe in, something we all voted for, and you didn't get your way. But does that mean we are going to stop consideration of this conference report; we are not going to pass an Energy and Water appropriations bill because your amendment didn't survive in conference? If all 100 Members in the Senate took that position, we would never pass anything.

Mr. COBURN. Will the Senator yield?

Mr. DURBIN. When I finish. The fact is, each of us has to accept the reality here. We don't always get what we want. I have been denied opportunities in conferences for things I cared for.

One of them, for example, was to say the Federal Government was going to make up the difference in pay from activated Federal workers who served in our Guard and Reserve. Year after year

it would be adopted on the Senate floor and killed in conference by the chairman from Alaska. Did I stop the money for the Department of Defense because of that? Of course not. I said: Tomorrow is another day and I will fight for it another day. But to stop the bill and say we are going to hold on for 30 hours or more because I didn't get my amendment in conference?

When it comes to the unemployment benefit, we are paying for these the same way every President has paid for them, through the FUTA tax. It is paid for. Frankly, it should be. These are people who paid into unemployment compensation for the day when they would need it and now the money is coming back out to pay them. But some people here have a different theory how they want to pay for it. So hundreds of thousands of unemployed Americans are waiting for the latest Republican theory on how to finance unemployment benefits. It is cold comfort to them to know we are having this great academic debate when a question about food on the table and taking care of their family is No. 1 in their minds. That is the problem with what has happened here.

You can always dream up a reason to vote no. You can always dream up a better idea. But at some point the business of government has to get on. People count on us—in this case, hundreds of thousands of unemployed people.

Let me say a word about public option, and then I will yield the floor back to the Senator from New Mexico. If we didn't get the message loudly and clearly Monday night about the public option when the health insurance industry threatened us and said: If you pass health care reform, we are going to raise your premiums, if the message didn't come through loudly and clearly that they not only have the power to do that, we empowered them to do it in ways no other company can because they are exempt from antitrust laws, the only way to keep them honest is to make sure health care reform does not disadvantage workers and businesses and families is to have a not-for-profit option, a public option that people can choose for health insurance. I fully support that public option. Those who say I am not sure if I would go that far have to accept the reality. Health insurance, private health insurance companies will impose premiums, they will fix prices because they can—they are exempt under McCarran-Ferguson—and they can allocate marketplaces so they can own markets. They are in a dominant position. The only thing that can stop them is competition and the only competition that can work is a public option, one that comes in and is not profit driven but tries to provide quality care for people at affordable cost. I fully support the public option. I thank the Senator from New Mexico for yielding.

Mr. UDALL of New Mexico. I thank the Senator from Illinois. I think he makes some very strong points.

We are being joined here in the majority. Senator WHITEHOUSE is here, Senator CARDIN is here, Senator BROWN from Ohio is going to be here. We are going to be carrying on a colloquy about the public option for the next hour, so any of our friends in the majority who want to come down to the Senate floor and join us, I urge them to do that.

Senator CARDIN, I know, has a couple things to say about the public option. Please.

Mr. CARDIN. If the Senator will yield, I thank him very much. I thank the Senator from New Mexico for bringing us together. He has been not only a real champion on the public insurance option within the health care debate but a real leader in that we need to do something.

I listened to my Republican friends. They take the position the status quo is acceptable. The status quo is not acceptable. Health insurance reform is vitally important for the American public. I thank the Senator for bringing us all together to talk about it.

There is some general consensus among the Democrats. The first is we need to reform our health insurance marketplace. It is important for the Federal Government to take action to deal with preexisting conditions so people can get health insurance without discrimination, they get the ability to renew their policies, there is no cap on the annual amounts that preventive care covers without copayment or without deductibles. These are all important changes that are included in the health insurance reform that is making its way through the Senate.

Let me tell you, the main reason for all this is cost. I will be honest with my colleagues. We cannot sustain the current health cost escalation in this country. Let me give you a few numbers: 6, 12, 23. Ten years ago in Maryland, a family health insurance policy cost about \$6,000. Today it is about \$12,000. If we don't do anything, in 2016 it is going to be \$23,000. That is not sustainable.

We are currently spending, in America, about \$7,400 per person for health insurance, \$2.4 trillion. We have to do better.

Let me tell you something. Every family in Maryland who has health insurance is paying an extra \$1,100 a year for those who do not have health insurance. So the status quo is unacceptable to the people in Maryland. It is unacceptable to the people of this Nation.

Our objective is simple. Our objective is to reduce the cost of health care to make sure every American has access to affordable, quality care, and we are going to do it in a fiscally responsible way that will not add to the Federal deficit. We want to build on the current system. Those who have insurance, we want to make sure they can continue to keep that insurance; that it remains affordable; that they have the right to choose their doctor. We want to make sure Medicare is

strengthened. One of the best ways to strengthen Medicare is to bring down the escalating cost of health care.

We understand that. Democrats want to make sure the Medicare system remains strong and that is one of the reasons why we think health insurance reform today is so critically important and we want to help small businesses have more choice.

That brings me to the public insurance option. Why do we think the public insurance option is so important?

First, I have heard some of my colleagues come down to the floor and say we want to protect you against the Democrats' bill that is a government takeover. This is not a government takeover. Was Medicare a government takeover? Of course, that is what our Republican friends said when we were considering Medicare in 1965, and if they had had their way we would never have passed Medicare.

But Medicare allows you to choose private doctors, private hospitals. It is all about providing an affordable way that our seniors and disabled population can get access to affordable care. It maintains the private network. We want to make sure we continue that.

Let me tell you the problem in Maryland today. That is that 71 percent of the people in Maryland who have private insurance are in one or two plans. That is not competitive. That is not competitive. One out of every three Marylanders has no choice on the private insurance plan that their employer offers. They must take that. That is not choice.

So the reason I am such a strong proponent of the public option is to bring down costs, to add more competition, to make sure we have an affordable product there to save taxpayers' dollars. That is why I want to see us make sure that we maintain a public insurance option, to be able to maintain your ability to choose your own doctor.

I will give you one more comparison; that is, take a look at what has happened in Medicare. We have Medicare Advantage. You can go to a private insurance option within Medicare itself. It would be one thing if they competed on a level playing field. They do not. Today we are paying 12 to 17 percent more for every senior who chooses private insurance. Let me repeat that. For every senior who goes into private insurance, the taxpayers of this Nation have to spend more money.

The Congressional Budget Office has indicated to us that that amounts to about \$150 billion over 10 years. We cannot afford that. I am for private insurance, but I want to make sure it is affordable and that we are not oversubsidizing as we are today. Let them compete on a level playing field.

The reason we want the public option is to keep costs down, to keep basically the private insurance marketplace straight and honest in a way they make their profit, to make sure that in every part of Maryland, indeed every

part of this Nation, there is an affordable insurance plan available.

Marylanders know what happened with what was called Medicare-Plus Choice when we had private insurance plans in Medicare and they left overnight. They had no insurance available. Fortunately they still had the public insurance option called Medicare. We want to make sure there is affordable coverage for all Americans, to keep the cost down.

I applaud my colleague from New Mexico for allowing us an opportunity to talk about this. I really do applaud the work that is being done by all of our committees, by the HELP Committee, by the Senate Finance Committee. Their options give us hope that we are going to move forward with health insurance reform and health care reform this year, to bring down the cost of health care, to make sure that every American has access to quality, affordable care and do it in a way that will be fiscally responsible. Democrats are giving us hope that we are going to be able to achieve that in 2009.

Mr. UDALL of New Mexico. I thank the Senator from Maryland. I think the Senator from Maryland has made such a strong case of why we need a public option. You know many of the folks who are out there wondering: Well, what is a public option? I think we need to go through a little bit of what we are talking about, because this is something that the American public understands. They know it in their heart. But let's go through a few of the details.

First, this is not going to be subsidized by the government. It is going to be fully funded by premiums. So we are going to be out there in the private sector. Premiums will be flowing in to this nonprofit entity, and it will be able to function and compete with other businesses. It is not going to make a profit for its shareholders because it is a nonprofit.

It would have low administrative costs since it operates as a nonprofit. That would allow it in the marketplace to serve as a competitor with these big insurance companies that are out there. It would offer savings to its subscribers through lower premiums, greater benefits, or lower out-of-pocket expenses. It will have the same insurance requirements as private plans. So we are talking about something that will offer low cost and high value.

Let's take a look here at why it costs so much. You can see by this chart right here that in New Mexico, we have a situation where we have two companies controlling 65 percent of the market. All of us know the way the market system works. It works best when you have a lot of competitors. When you take a market and drive it down and only have two competitors, what you end up getting is those two competitors that are able to push up the cost. So that is something a public option would inject into the market, a com-

petitiveness that we have not seen in a long time.

One of the things it would do is it would start lowering those premium costs we are seeing in New Mexico. I know Senator WHITEHOUSE is here from Rhode Island. One of the things I want to say about the Senator from Rhode Island is he has participated in this process already. Everybody knows he was on the HELP Committee. He had the opportunity to help write this bill. He has got a great deal of knowledge about what the public option is.

I believe it is only about 19 pages of the bill that passed out of the HELP Committee. People can read it. It is out there on the Internet. That 19 pages sets up the public option. So all we need to do is make sure that is in the bill that comes to the Senate floor, or that we amend it on the Senate floor if it is not in the base bill, or that we have the President of the United States say he wants a public option. He can weigh in to the conference and say those 19 pages, the public option, we want them in there.

I want to ask the Senator from Rhode Island to talk a little bit about the way he sees things from his perspective. What is happening up in Rhode Island on the public option?

Mr. WHITEHOUSE. I thank the Senator from New Mexico. I am committed to that. I am also delighted to follow the Senator from Maryland. Senator CARDIN and Senator UDALL have been, for many years before they even came to the Senate, when they were serving with such distinction in the House of Representatives, strong advocates for the elderly, strong advocates for the disabled, and strong advocates for consumers.

That is what a public option is all about. It is helping out people as consumers and providing better health care, the kind that the elderly and disabled get when they are on Medicare. They do not have so many worries that regular families have of whether they are going to get coverage.

The public option makes so much sense that it is very hard to argue against it as it is. So a great number of my friends on the other side of the aisle are arguing against things that actually are not being proposed, such as socialized medicine, or the government taking over health care.

None of that is suggested by our bill, anyway. The first words of the HELP bill are "voluntary plan." It is a voluntary option. As the President said when he was running for election: If you like the plan you have, you get to keep it. But if you do not like the plan you have, you have a public option, an alternative, a choice.

Why does that matter? Well, it matters to people such as Stephanie, a 28-year-old from Warwick, who recently learned that her insurance plan is refusing to cover the most costly and important medication that she has to take for a chronic rheumatic condition. She thought she had insurance. But

when this condition appeared, and she realized the kind of treatment she needed, and her doctor said: This is what you need, Stephanie, the insurance company said: Oh, no, I am sorry. We are not going to cover that.

Our friends like to talk about how this will put the government between you and your doctor. Folks, the private insurance industry is, all over this country, getting between Stephanie and her doctor and millions of others just like them and telling them what kind of care she can and cannot have.

The public option will actually help free that up by providing alternatives where they can provide better service and broader coverage, at lower cost. Why might they be able to do that? Our friends on the other side of the aisle say: Well, it is because they will compete unfairly. Because they will necessarily take over any insurance market that they get into.

That is, frankly, a bunch of baloney. In my home State of Rhode Island, just two insurance companies dominate the market now. In fact, one of our health insurers reported \$37 million of profits, excess profits, that it wanted to take out of Rhode Island and repatriate to its home State outside of Rhode Island; \$37 million. Rhode Island has only 1 million people in it. We are a small State. This was a company with 16 percent market share in Rhode Island. So out of 16 percent of the Rhode Island market, in 1 year, they were going to pull \$37 million and send it out of State.

You do not have to do that if you are a not-for-profit company. That is \$37 million that can serve those 16 percent of folks with better coverage, with better quality service. The profit and huge executive compensation is money that could go instead into health care.

I also heard from Charles from Pawtucket. For 20 years he and his wife have worked. They are freelance musicians. They have not had anybody providing them coverage through the business. But they have scrupulously and faithfully paid for health insurance and coverage. Recently his wife was in an accident. They are both in their late 50s. The insurance company took a look at them and said: You are out. They tossed them out; threw them off the insurance plan.

That is not the kind of choice people need. They need a public plan they can go to that will be reliable, and that will be there for them once they get sick. It is said about our private health insurance industry that they give you all the coverage you need until you need it. Suddenly it is loophole city. There is a better alternative and a better way.

Another way the public plan can help to fund that and to make up that difference is with less administrative cost. We have heard that on the private insurance side, 15 to 30 percent of the health care insurance dollar gets burned in administrative costs; Medicare, maybe 3 to 5 percent. So they are

running probably five times as expensive as Medicare in their administration.

And what do you get for that? Well, you get told that you cannot have the care you need when you actually get sick. You get your doctors hassled so badly by the private insurance industry that they have staff to fight with the insurance companies. As I travel around Rhode Island, doctors tell me that very often 50 percent of their personnel is devoted to fighting with the insurance industry, fighting about prior approvals, fighting about getting paid.

So the 15 to 30-percent costs that the private insurance companies have for administration creates what I call a "cost shadow" in the health insurance provider community, because they have got to pay all of those people to fight back. You add the two together and it is big dollars. A public plan will work more effectively, will try to figure out the better way to provide care that does not invest its dollars in trying to fight with providers and figuring out how to deny you care. There is a huge amount of money that can go back into better quality care.

Another story is Tim from Warwick. He is a husband and he is a father. Right now his family health insurance has a \$3,500 deductible. Tim and his wife are not high-earning people. The \$3,500 deductible is a real risk. Because of it, they actually avoid care, miss appointments and do not take as good care of their health as they should, because they simply cannot afford the out of pocket. They save it for the big catastrophe.

They have tried. They looked around to try to find other things. They cannot find anything better because the costs are so high. So right now Tim sees his family as tethered to that job, tethered to that insurance plan. If there were a public option and he did not have to get it through his job, then they could look and they could find an alternative and they would not feel as tied down.

How many people in America feel trapped in their jobs because they do not have an alternative for health care? And to protect their family's health care, they continue to slug away at a job, they defer the innovation and entrepreneurship they could do. They do not open their own business. They feel they have no choice.

The public option could give them a choice. Another way that could help save money is by providing a new model of service.

Over and over again, we find in health care that if you improve the quality of care, you can actually lower the cost. The waste in the health care system is phenomenal. The Lewin Group says there is \$1 trillion in excess health care costs—\$1 trillion in excess health care costs—every year in America; \$1 trillion every year.

The New England Health Care Institute has looked at this, and they say

there is \$850 billion in excess health care costs in America every year.

President Obama's Council of Economic Advisers looked at how much excess costs there are in health care. They looked at it by comparing our share of gross domestic product to other countries' shares of gross domestic product that gets burned by their health care systems. We are the highest in the world. We are far ahead of everybody else. We are a complete outlier. We are at 18 percent of GDP. The next worse country is Switzerland at 11 percent, and the EU average is half of ours, and they get better health care results. We spend a fortune on health care. They looked at that comparison.

They also looked at the comparison of regional outcomes and how in some States you can get very high-quality health care with great outcomes and results, and it is a lot cheaper than in other States where you get very expensive health care and lousy results. They crunched all those numbers, and they looked from both sides, and they came up with the number of \$700 billion a year in excess health care costs. It is there.

We have a terrible model of service in this country. Anybody who has ever had a sick family member, who has had a chronic condition, who has been sick themselves—you have seen it. You know the inefficiencies in this system: the electronic health record that is not there, so your tests cannot be located and you have to carry your own file around; the insurance companies being just brutal to your doctors and arguing with them about your care, and you cannot get the care while that fight goes on, while they sort it out; the doctors who cannot talk to each other. You have five specialists, and you are the one in the middle, and you are the one who is sick, and nobody is sorting it out for you, and nobody knows what the other person is doing. One person prescribes a prescription and another person prescribes a prescription, and those two interact in a way that makes you sick, and nobody saw that coming because it is disorganized.

All that stuff does not need to be there. It is excess cost. When you get rid of it, you improve the quality of care. A public option can go after that, and it will because it is not bound to try to make a profit every minute, it is bound to try to do the right thing. So there are innumerable reasons why a public option makes sense.

But, finally, I think the strongest one is that by not having to extract all this profit out of the system—by not having to pay CEOs tens of millions of dollars a year, by not having to maintain that huge administrative war with doctors and hospitals and war with their customers as soon as they get sick, trying to deny their coverage—by actually trying to find that newer, better model of care that provides better health care cheaper, they can actually drive down costs—and a lot.

I do not know if the right target number is \$700 billion a year or \$850 billion a year or \$1 trillion a year, but there is a big target number to find, and what a difference that would make for Lisa in Providence, who turned 55 this year. Her birthday present from her insurance company was a 30-percent premium increase—a 30-percent premium increase. She was at the point where she was just able to afford what she had. Madam President, 30 percent more is more than she could afford, so Lisa has now become yet another uninsured American. A public option will help because it will make health care affordable for people who want to have insurance, can be insured, but are not always insured. Lisa is a good example.

Our friends on other side often talk about the people who are uninsured as if they are some like alien species; that it is actually less than we think and we do not really need to worry about it; it is only just a few million here and there. The fact is, in the last year and the year before, 87 million Americans like Lisa had a period in which they were uninsured. They went without health insurance. You know how scary that is. Somebody is not just uninsured; they are a mom, they are a worker, they are part of a family, and something goes wrong and suddenly they cannot afford their insurance, and for a while they are uninsured, and then maybe they try to come back again. They get lucky; somebody in the family gets a job who gets coverage; they find a way to afford it. But there were 87 million Americans who, in those 2 years, went without health insurance.

Do you want to know what 87 million Americans is? That is why this chart I have in the Chamber is colored yellow and red. If you go west of the Mississippi River and take the population of every single State, including the State of New Mexico, which is Senator UDALL's home State—and you just take out California—if you take every single one of those States and add them all up, that is 87 million people. That is the population of every single one of those red-marked States, from Minnesota, Iowa, Missouri, Arkansas, and Louisiana, and go all the way west—except for California—all of those States, if you add them all up, the population of every single one of those States, that is the number of people who in those 2 years at some point were without insurance. So it is important that we take that burden off these nearly 90 million American families.

Even for those who have insurance, this is a big deal because folks who have insurance find they go bankrupt very often. Right now in America, 62 percent of all bankruptcies are health care related. That is why American families go to bankruptcy more than any other reason—because of health care. I tell you, you can make fun of systems like Canada's or England's or France's; you do not see families going into bankruptcy because of health care in those countries.

This is a national tragedy that is happening to those families, which is totally unnecessary. Of that 62 percent of bankruptcies—where the family was doing fine, and a health care emergency put them over the edge and forced them to go into bankruptcy, where they lose their home, they lose their credit—78 percent of those bankruptcies—four out of every five of those bankruptcies happened to families who had health insurance.

So if you are listening to this and you are wondering why it is important we get this reform, because you think: I am insured, I am all set, I am not part of the problem, well, you are very lucky you have not yet had the experience of finding all those holes in your insurance coverage, because I will tell you what, for these families—four out of every five of the health care bankruptcies in this country—they thought they were covered too. It was a rude and sad awakening when their insurance companies started calling them up and saying: Sorry, we are not actually going to be able to cover you. We found an exception. We are rescinding the policy. We are throwing you off. We do not cover that. And they had to pay and pay and pay until everything they set aside, everything they worked for, everything they tried to build up for a secure future for themselves and their families was down the spout, lost in a bankruptcy because their health insurance was not there when they needed it. That is another reason we need a solid public option, so there is an alternative to that kind of behavior, because it does not just keep people out of the insurance market, it clobbers people who think they are safely insured.

Madam President, I yield to Senator UDALL.

Mr. UDALL of New Mexico. Madam President, I say to Senator WHITEHOUSE, I want to ask you a question and see what evidence there was in the HELP Committee because what I understand in New Mexico is, if you look at the uninsured—I showed a chart in the Chamber a little bit earlier—one in four New Mexicans is uninsured. The big question is, Who are the uninsured? Who are the folks out there who are uninsured? As shown on this chart, adults under the age of 65, 31 percent; working New Mexicans, 31.4 percent; Hispanic Americans, 49 percent. So the uninsured are people we fight for every day, people we know, people we run into.

I know in the HELP Committee one of the things really focused on was the fact that we are talking about working people, working families who do not have insurance. They are out there in these smaller businesses. I know when you worked on the bill in the committee, you heard that kind of evidence. And you know your Rhode Island situation. Could you talk a little bit about that because I think people somehow think, like you said—I think you said earlier that being uninsured is

from a foreign planet or something. These are people who are in our midst all the time. They are working hard, but they cannot afford insurance, and these small businesses cannot afford insurance to cover them. I was wondering if you could talk about that a little bit.

I see Senator BURRIS from Illinois has also joined us.

Mr. WHITEHOUSE. Madam President, I will speak briefly so the distinguished Senator from Illinois can follow up. I thank the Senator from New Mexico for the question.

In 2007, 2008—2 recent years—nearly 90 million Americans went without health insurance at one point or another. That is close to one in every three Americans, which means as you go around your neighborhood, the fellow with the truck delivering oil to heat your home; the lady in the corner at the bookstore; the guy who owns the gas station down the road—innumerable people whom you know in your real, regular life are in those nearly one in three Americans who are going through a period being without health insurance coverage. Some of them are going to be young people who choose not to do it. Some are between jobs, and they rely on an employer to provide coverage because good luck buying coverage on your own in this country if you do not have an employer to argue the price down for you.

But I think it is really important that we press back against the notion that some of our colleagues are pushing forward: that there is this little group of uninsured who just kind of are not regular people and are different and are a problem, that they are not part of the American fabric. It is one in nearly three Americans who goes in and out of health insurance coverage.

As a parent, I have to tell you, if I had to go home at night and tuck my kids in and then go to bed myself and talk to my wife and be thinking about what might happen the next day if they got sick because we did not have health insurance for them—what an agony for a family to go through that period, when everything is at risk, when you are one illness away from losing everything you have. We put 90 million people through that in the last 2 years. It is real people, working people, real families, and they feel a lot of pain. That is one of the reasons we have to act. We have to get the reform bill done. It is for them, not for the special interests.

Mr. UDALL of New Mexico. Madam President, I say to Senator WHITEHOUSE, thank you very much.

One of the things I have just realized now, one of the things the three of us have in common is we were all attorneys general. I am proud of that fact. I am very proud of my service as attorney general. I know you both are. We were out there as attorneys general fighting for these working Americans we are talking about, whether it was consumer protection or doing law enforcement.

Madam President, I say to Senator BURRIS, I know those working families the Senator worked for back in the 1990s are the same working families he is fighting for on the public option. Could you jump in here? I know you have a situation in Illinois where you have traveled throughout the State. You have taken a measure of what is happening in Illinois with regard to health insurance. What would you say?

Mr. BURRIS. Well, Madam President, I say to the distinguished Senator from New Mexico and the distinguished Senator from Rhode Island, it is certainly an honor for me to be able to participate in this discussion.

I just left my 50th college reunion down in southern Illinois, where I had attended Southern Illinois University. I was introduced at the football game, by the way, which SIU won 46 to 23 or something like that. We beat Illinois State University. They announced me in about the third quarter.

Well, after the game was over, I say to the Senators, there was a line of people lined up to talk to me. What were they saying in that line? Most of them were saying: Senator, whatever you do, we want you to keep a public option in that insurance bill.

I said: Well, there are three bills in the House, and they have a public option in them. The bill that came out of the HELP Committee here in the Senate has a public option. And we have not gotten the Finance Committee bill—as of last Saturday. But we just passed that bill the other day. Now, it does not carry a public option. What I am saying is, I do not see how we can address all of these issues dealing with health care rather than sick care, which is what has been taking place in America, without dealing with something that is going to create competition, create a reduction in costs, and, of course, cover millions of Americans. Senator WHITEHOUSE just talked about that 90 million—well, 47 million who are underinsured, and another 25 million to 30 million who are uninsured. So those are the problems we are having, and that is what it is going to take in order for us to get reform in America.

It is unconscionable to think we could do insurance reform and think that the insurance companies are going to not continue to make their profits. As a matter of fact, I spoke about this on the floor a few moments ago. Would you believe that what they have done is criticize the bill that came out of the Finance Committee? They have played into our hands. They have criticized that bill, talking about how much money it is going to cost, which gives us the best reason we would need a public option: because the premiums are going to go up if they don't have any competition.

When we look at their profits over the years, we see a 428-percent increase in their profits from 2000 to 2007. That is unacceptable. It is just unacceptable.

Mr. WHITEHOUSE. Mr. President, would the Senator yield for a question?

Mr. BURRIS. Yes.

Mr. WHITEHOUSE. As a former attorney general who had antitrust and consumer responsibilities, how many industries can the Senator think of that would get to announce to the world, if this bill passes: We are going to raise our prices! If you are in a competitive marketplace and you are not colluding with each other, how on Earth do you know as an industry that you are going to get to raise your prices, you are going to be able to decide to raise your prices? Isn't the market supposed to do that?

Mr. BURRIS. It is market driven, that is correct. If they do, they have collusion going on in terms of everybody raising their prices so they would be competitive, and they couldn't then go to choice and thereby keep the rates up and their profits up. So we are talking to the current AGs. If they would do this, we might have an antitrust action, but that certainly is a circumstance we must be concerned with in terms of how they are seeking to increase their prices, and they might even be involved in a little price fixing.

Mr. UDALL of New Mexico. Senator WHITEHOUSE and Senator BURRIS, if you would just give me a second, I want to make sure he talks about the situation of workmen's compensation in the State of Rhode Island. I believe several States—and you have had experience with this—have experimented with a public option in the workmen's compensation context. It tells us a lot about what public option would mean if we put this in our health care bill.

Could the Senator speak to that a little bit?

Mr. WHITEHOUSE. We have heard a lot about how, if we let a public option go forward, it will give terrible customer service, horrible customer service. Senators have said it will be the worst combination of the IRS and the local Department of Motor Vehicles. But we can go to a State such as Wyoming, which is the home State, for instance, of the very distinguished ranking member on the HELP Committee who is also on the Finance Committee and, indeed, was one of the negotiators with Senator BAUCUS. When he goes home, he goes home to a workers' compensation system that is a single-payer, government-run system. The Wyoming business community doesn't seem to complain about it. So obviously, the customer service can't be that terrible because they would be thrown out if they were that terrible.

The other thing we hear about the public option is that if we let it in the door, it will take over the system because a public insurance plan can't compete fairly with private plans. There are predators who will be let loose in the system, we have heard people say. Well, half the States in the country have public plans that sell insurance in the workers' compensation market which provides—about half of it is health insurance. Some of it is paid back wages that were lost, but the

rest of it is health insurance. It is little things such as carpal tunnel, it is terrible wrecks that occur, chronic conditions. All the different aspects of health care that get provided by health insurance also get provided by workmen's compensation insurance.

If we go to Arizona, for instance, which is the home State of the very distinguished Senator MCCAIN who ran for President on the Republican ticket, and Senator KYL who is the assistant Republican leader of the Republican Party—they go home to a State where there is an Arizona public workers' compensation plan that has been competing with the private sector in that market, I believe, since 1925. I don't have my notes in front of me, but my recollection is that it was from 1925. So for 80 years, they have been running in competition with the private sector.

That doesn't sound to me as though once we let the government in, competition is doomed.

The distinguished minority leader, Senator MCCONNELL, goes home to Kentucky. In the Kentucky workers' compensation system there is a private plan. The Kentucky workers' compensation plan, run by the State, is a public plan. It goes out and competes day to day with the private plans. It adds to the healthy marketplace. It adds to the choices that Kentucky business owners have. I have never heard Leader MCCONNELL or Senator MCCAIN come to the floor to criticize the workers' compensation public plans that operate at home.

So I think there are at least some examples that disprove some of the worst arguments that have been made about the public option: that it will give us terrible public service—well, the single-payer, all-government plan in Wyoming seems to disprove that—and that half of the States in which there is a competitive plan, including Arizona and Kentucky, would seem to disprove the notion that as soon as we let a public plan in to compete, it will take over. It just hasn't, it just doesn't, and the actual facts—what the military calls the facts on the ground—are different than the rhetoric in the air.

Mr. UDALL of New Mexico. Senator WHITEHOUSE, if I can interject at this point, I think you have given great examples of why we need a public option. As part of health care reform we are going to be doing in the next couple of weeks in the Senate—we have a Senate Finance Committee bill out of the Finance Committee now and we have the HELP Committee bill and our leadership is putting those two bills together—we have to have a public option be a part of the bill.

Senator BURRIS was visiting a little bill earlier about Illinois and the Illinois citizens and their comments on the public option. The Senator from Illinois may want to join in with what Senator WHITEHOUSE said about that competitive factor with workmen's compensation.

Mr. BURRIS. Mr. President, I think we must also give what is a very simple

definition because I think the term has gotten misconstrued in terms of what the public option is. I hope our colleagues will understand it is nothing but choice. It will give the person who is uninsured, if they cannot get insurance—let's say the person has a pre-existing condition and they lose their job and that person goes to get insurance and they will not insure that person. Hopefully, our bill would take away the preexisting condition problem.

Let's just say the premiums are too high. Well, if there is a public plan, that person can go in and then acquire his or her insurance based on his or her income and ability to pay. That is what we are talking about. That is the option an uninsured person would have. That option will entitle that person to get health insurance. It also, under this legislation, would entitle that person to get preventive care, which would prevent that person from getting a chronic disease or getting to the point where a disease gets chronic and they end up going to the emergency room in order to get service.

So we are talking about saving funds. We are talking about cutting down on the cost. We are talking about eliminating premiums.

So I say to the distinguished Senator from New Mexico, it is crucial the words "public option" don't turn people off because it has gotten to the point where it is creating problems in itself, the definition. But the purpose is to make sure those persons who don't have insurance will get insurance.

The President has said this. President Obama said: If you have your insurance and you like your doctor, we are not going to touch you. The reform would not interfere with you. Therefore, we are going to have it so that all of those almost 90 million Americans can get insurance, which will mean it will cut down on the costs we are all paying because of those persons who have to go to emergency rooms and who are not insured.

So I hope our colleagues will understand how important this piece in the whole reform bill is, where there will be choice for Americans, choice so they can select a company and not be paying premiums through their nose because premiums are going to go up. If we don't get reform, if we don't have reform for competition, if we don't do public option—this document says if we compete with private companies, these companies will raise their rates during this critical time by 111 percent. If we look at the profits they are making now and over the years, we will find those profits have been exorbitant. Therefore, I will say to my colleagues, it is key, even to my State of Illinois where we have only two insurance companies doing 69 percent of the insurance—that is almost a monopoly on who gets insurance—but two companies in Illinois, and we are a State of 13 million people. When two companies cover 69 percent of those who are in-

sured, that, to me, is just not enough competition for rates to be reasonable so it is affordable.

Mr. WHITEHOUSE. Would the distinguished Senator from Illinois yield because he has made such an important point.

Mr. BURRIS. Yes.

Mr. WHITEHOUSE. He made the point about the lack of competition out there right now. I know that in Illinois, the lead company has nearly 50 percent market share, and the second company, a 22-percent market share, for a grand total of 70 percent market share, just in those two companies.

Mr. BURRIS. Yes.

Mr. WHITEHOUSE. But it is not just a problem in Illinois. There are 39 States—39 States—in which the top two insurers—just the top two insurers—have the majority of the market; more than 50 percent of the market, just between two companies. In nine States, one insurance company—one insurance company—has more than 70 percent market share, one company.

So the notion that there is a lot of competition going on out there isn't supported by the facts. If you are in one of those nine States where there is one insurer that has more than 70 percent of the market, you don't have a lot of choice. That insurer has extraordinary market power, particularly since they are immune to the antitrust laws.

Mr. BURRIS. Yes.

Mr. WHITEHOUSE. Extraordinary market power, and in the 39 States where more than 50 percent of the market is captured by only two insurance companies, they have extraordinary room to raise prices and fix prices and work with each other to make sure they maximize profits instead of taking care of regular folks, the folks I talked about earlier, real people who suffer real consequences. The result of it is that our health care expenditures are going through the roof.

I was born in 1955. In 1955, we spent \$12 billion a year on health care. In 1979, I just got out of college. It grew nearly 20 times, to \$219 billion that we spent on health care as a country. In 1987, I was just about to have my first child, my daughter, half a trillion dollars, \$500 billion. In 1992, we spent \$850 billion. Here we are in 2009, \$2.5 trillion. Look at the direction on the chart—the direction of that spending curve. We have to turn that around. Everybody in America, the insured, uninsured, doctors, nurses, hospitals, everybody has an interest in us getting this right and getting this bill passed so we can turn it around. I don't want to make a joke out of this, but do you remember the last time we had tried for health insurance reform, the insurance industry, which has turned on us now, turned on us then with Harry and Louise, who were that nice couple who raised all these worries and fears. They always worked with fear. I said the other day that Harry and Louise are not the problems; now it looks like

Thelma and Louise. With those health care costs climbing, we are headed for the cliff, and we are all in the car together. It will be Democrats who have to work together to solve that problem before we go off that cliff.

Mr. BURRIS. That is key. I am looking at 29 of our colleagues in this body calling for a public option. That is a tremendous number.

Mr. WHITEHOUSE. I wouldn't be surprised if it were more.

Mr. BURRIS. Maybe there are 30 of us who signed the letter at this point. Just what the Senator said—it is crucial that we now think about 30 more. We have to work on that.

Mr. UDALL of New Mexico. We have now been joined by Senator BROWN from Ohio. As the Senators who are on the floor know, he led an effort like this last week to put the public option forward. He has been amazing in terms of being dogged and being here on the floor fighting for the public option. I know he talks frequently about how people in Ohio have a real passion for this.

Mr. BROWN. I thank the Senators. Back in our States, Rhode Island, New Mexico, Illinois, Ohio, and Washington, we all hear from constituents all the time who are unsure of what their future is with health care. Too often they are denied coverage with preexisting conditions. Too often they have annual caps or lifetime caps on coverage. They thought they had good insurance. In fact, what I found in the mail I got from Springfield, Cleveland, Dayton, Oxford, and other communities is people thought they had pretty good insurance, and they find out, once they get circumstances when they needed insurance, it is not so great. They get sick and they have huge hospital bills and they have huge doctor costs or other expenses and they get a note from the insurance company that they are not going to cover that.

Some of the letters that break my heart are from people who clearly are under so much stress because of breast cancer or because their child is sick and they are spending hours a week fighting with insurance companies. It is those people who thought they had good insurance who find out it is not so great after all and they really support the public option. They understand we are going to change the rules in this legislation. No more disallowing care for preexisting conditions, no more caps or discrimination based on gender, race, or disability. They also know insurance companies are good at gaming the system. Without a public option, so many people think insurance companies will continue to game the system, even though we have written better rules in this bill. They understand insurance companies such as Medicare doesn't—excuse me, the public option, like Medicare, won't disallow somebody for a preexisting condition and throw them off insurance. They will keep the costs down. We know what the insurance companies said a couple

days ago when they talked about costs going way up as if they have not doubled that anyway in the last 8 or 9 years. That was one more call and is actually is the best endorsement yet of why we need the public option.

Mr. WHITEHOUSE. If the Senator will yield for a question.

Mr. BROWN. Yes.

Mr. WHITEHOUSE. Not to belabor the obvious, but could he comment on why it is that a for-profit private insurance company might pursue things such as rescission, which is when they throw you off a policy when you get sick because they found an error in your form, and you have been counting on the policy for years, but suddenly you are sick and they throw you out the door? What might the difference be between a for-profit insurance company and a public option when they are looking at that circumstance?

Mr. BROWN. Right. I will answer it in a fairly unusual way. I have a friend who is a lawyer for a company that produces soap. She said to me: I am glad we have a strong EPA because we are doing what I want to do anyway, and now our competitors have to.

If you are an insurance executive—if the four of us were insurance executives and I disallow people and I put caps on coverage because of preexisting conditions, and I do rescission, you are all going to have to do that. A lot of people may think this group of Senators up here hates insurance companies. I think insurance companies operate in their own short-term financial self-interests. That is why we need different rules, so they cannot deny care this way, and that is why we need a public option, which sets a gold standard. Public option will not use rescission. Public option will not deny care or put a cap on coverage or discriminate. Public option will not use preexisting conditions to keep people off. The public option will set the standard. So if these other private companies want to compete—and Senator WHITEHOUSE and I and our staffs in the HELP Committee wrote most of the language for the public option in a way that there would be a level playing field, and they will compete with Cigna and Aetna and United and WellPoint and these other companies in a fair way. We may not see the Aetna or Cigna CEOs making \$22 million next year because you can make that kind of money because you are cutting people off, you are using rescission. Once these insurance companies have to go under a set of rules, enforced in part by the public option, these salaries and profits may not be so gargantuan as the insurance companies have enjoyed all these years.

Mr. WHITEHOUSE. I mentioned earlier that in Rhode Island a for-profit insurer with only 16 percent market share, in a State of only a million people—you are all from bigger States; Rhode Island is a million people. It had 16 percent market share. It extracted in 1 year \$37 million in profit to repa-

triate to its headquarters out of State—\$37 million. Imagine how much care you could provide to 16 percent of a market of a million people with \$37 million, if you put that back into health care instead of taking it out in profit.

Mr. BROWN. As the public option mostly will do.

Mr. WHITEHOUSE. Yes, as the public option would do.

Mr. UDALL of New Mexico. We are near the end of our time.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. UDALL of New Mexico. I ask unanimous consent to have 3 additional minutes.

Mr. COBURN. I have no objection.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. UDALL of New Mexico. I thank the Senator. I point out tonight that we have had a number of Senators come down here, and we have also been presided over by the gracious Senator from the State of Washington, Senator CANTWELL. I know she is a strong proponent of a public option. We have had Senator CARDIN from Maryland, Senator BROWN from Ohio, Senator WHITEHOUSE from Rhode Island; we had our distinguished majority whip, Senator DURBIN, here talking about public option. We have also had Senator ROLAND BURRIS from Illinois. So we have had a key group here.

We are going to continue to do this because, as Senators BROWN and WHITEHOUSE and BURRIS know, we have to get this done. Our constituents want it. The American people want it. There was a poll done, and 72 percent of the American people want to see a public option here.

I don't know if any other Senators want to sum up.

Mr. BURRIS. Well, 72 percent of the doctors also are supportive of the public option.

Mr. BROWN. I know one doctor who may not be for it on the other side of the Chamber.

The Robert Johnson Foundation found that more than 70 percent of the physicians supported the public option.

Mr. UDALL of New Mexico. I thank Senator COBURN for not objecting. I thank all Senators who appeared here today.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. COBURN. Madam President, I listened off the floor to the debate of my colleagues. Many of the things that they identify as problems, I certainly agree with. Where we part company—having been in the health care field for over 25 years, and having practiced medicine during that period of time—is on the solutions they propose. Oftentimes, that will destroy the best of medicine that we have in America today and will render a larger government with less freedom in our country.

I want to address a couple of the issues. From the start, the assumption

of those for the public option is that the government has done a good job with the health care programs they run today. I wanted to give a little history and put forth a little history.

There is no question that Medicare has benefited millions of Americans, and will continue to do so if we can figure out a way to pay for it, which is one of the sad things about the payers in this bill—that we are going to borrow \$500 billion and take another \$500 billion out of Medicare and create another program, when Medicare is not funded. If you go through health care today in the country, 61 percent of all health care expenditures in this country go through the government. If 61 percent is already going through the government and we are having health care inflation at 7 or 8 percent, why is it that if we are so good in 61 percent of it, we still have these kinds of problems as a whole? And actually health care inflation inside government programs is higher than outside government programs, which proves the point that we should not eliminate health insurance companies, but we should make them more efficient and streamlined.

The assumption behind the public option is this: They look at Medicare and at the administrative costs of Medicare and say that is all it costs to run Medicare. Then they look at the 10(k)s, the profit and loss statements of the insurance industry, and say look how high that is. If you take all of the health care insurance industry as a percentage of the dollars spent in health care and look at their expenses and their profit and their costs for running their business, in terms of cost of capital, and compare it to the true cost of running Medicare, what you find is Medicare costs about 3 or 4 percent more to run than private health care.

Nobody could be more disturbed as a practicing physician than I am about wanting to rein in the abuses in the insurance industry. Their answer is to create competition with a government plan. I believe you create competition by creating real competition. A government plan, government option isn't competition. It is the elimination of any other market in health care. How do we know that? We know that the way people are going to sign up for a government plan is because it is going to be cheaper. If you take the same factors—for example, the 15-percent fraud rate in Medicare and Medicaid—and add that to the cost of the plan, what you are going to see is we are going to end up subsidizing the government plan to a greater extent than even CBO would put forward. I will have a report in the next couple weeks that will outline CBO's accuracy on health care costs since they have been scoring them since 1965. I can tell you right now that the record is atrocious. Sometimes they missed it by 15,000 percent. They underestimate what the costs are.

I want to share a story about two of my patients over the last 6 or 7 years.

I also want to share another story about somebody I talked to this week, whose son dropped out of medical school and chose to not go to medical school. He was accepted, but he chose not to go because of this very debate and the likelihood that the government will become more involved in health care.

The story I want to tell goes to the very real need that my colleagues were addressing, which is true changes in health insurance. Everybody in this body wants to address the cost issue because that issue is what is driving the problems with health care. If somebody doesn't have access, it is not because it is not available out there, it is because they don't have the money to buy the access. So cost becomes the first stumbling block. Whatever we do, the No. 1 thing we ought to do is try to decrease the costs associated with health care. How do we do that? Do we do that by modeling Medicare, Medicaid, SCHIP, Indian health care, VA? Is that how we do it? Or can we do it in a way that will truly drive down the costs? There is no estimate out there about the actual cost reductions in the bills that are coming forward, either the Finance Committee bill or the HELP Committee bill. The HELP Committee bill actually raises the cost of health care. Should we be about figuring out how to lower costs? Let me give some examples.

Safeway has had no increase in health care costs for the last 4¼ years. How did they do it? They created incentives for their employees to stay healthy. When I say incentives, they were paying their employees cash money to change their behavior. They are limited on how much they can do that by a law called HIPAA, and, in fact, if they could do more, then they actually could have had a marked decline in their health care costs.

Then there is a company called MedEnclave where they run the insurance program for communities' municipal employees. Everywhere they have been they have lowered the cost of health care. How do they do it? They incentivize doctors by paying them more and incentivize patients by agreeing to do what the doctor says by cutting off their deductible or lowering the cost of their prescriptions if, in fact, they will follow good practices, best practices in terms of their care.

There are other examples such as Asheville, NC, where they have had a marked decrease. On average, what we have seen is a 20 to 30-percent decrease in health care. There is not a government involved in any of that.

I want to go back. Why is it that we view a government option as the answer? Because we perceive that the government can do it more efficiently and we perceive that is the only way you force competition in the health insurance industry. I agree, there is no significant competition in the health insurance industry. But having the government compete in it versus forc-

ing competition is where we divide and go away.

The second reason they want a government option is the following: If you are my age, in your early sixties, what is going to happen to you in Medicare is you are not going to have the same care that the people in the last 10 years have had because the reason they want a government option and the reason we want what is called a comparative effectiveness board is because the real reason for having a public option and a comparative effectiveness board is to mandate what can and cannot happen to you.

As a physician who has delivered thousands of babies and cared for every complication in gynecology and obstetrics one can imagine, as a physician who has cared for thousands of children from birth to high school, as a physician who has taken care of grandmas and grandpas in their elder years with complications from heart failure to cancer to chronic obstructive pulmonary disease to pneumonia to anything else, what is going to happen is the options are going to be limited.

The ultimate undercurrent of why we need and want a public option is that we will eventually create a system where most of America, about 82 million people, who have private insurance today will be in that public option and they will decide what you can and cannot have, which is counterintuitive to how we allocate scarce resources everywhere else in the country. We do allow the forces of competition to allocate it, but it requires individual personal responsibility. It requires a transparent market, which I agree we do not have. It requires real competition, which I agree we do not have. But the answer is not another government program.

Now back to the two examples in my practice. I give these examples because I want people to see what is going to happen as the government becomes more and more involved in health care.

These are two patients I have cared for over 20 years each presented at different periods of time with no true signs or symptoms of significant disease other than the fact that having known these people for years, I sensed something was different. I ordered a test. It was denied by the insurance company. I managed to get my friends, who happen to have an MRI who also practice medicine on a not-for-profit basis, do an MRI on this one gentleman. It just so happens the gentleman had the same disease that Senator Kennedy recently succumbed to. No signs, no physical diagnosis.

The only thing that allowed me to query that was the art of medicine. Not the book training, not the gray hair, not the experience, but the gut of knowing and having seen and been experienced with a patient over a long period of time to say something has changed. In fact, the insurance company came back and paid for the MRI.

An identical thing happened about 4 months later with another individual.

One of those individuals, by the way, is still alive. The other, unfortunately, succumbed.

So we do need real competition in the insurance industry. We need to make sure we create that. The debate between what my colleagues on the other side of the aisle offered tonight is how do you best do that. Do you do that by setting up a government program that is infinitely funded and will actually charge rates that will be under the true costs and will be just like another Medicare Program where we have an unfunded, long-term liability that our kids are going to have to pay for, close to \$75 trillion? That is the worry. That is what the real debate is.

I thought I would spend a minute talking about can we fix health care without tremendously growing the size and scope of the Federal Government. You cannot even talk about health care until you are willing to talk about what we are doing today. What we are doing today and what we are going to be doing tomorrow, and, if this bill passes, what we are going to be doing for the next 20 years is borrowing a large percentage of the money we will spend from our grandkids. That is an unsustainable course. It is not one that we can achieve.

As we do that, we end up with youngsters such as this. If you cannot read this, it says: "I'm already \$38,375 in debt and I only own a dollhouse." That is a pretty stark statement. Here is a cute little girl on whom her parents have put a placard. Her parents obviously recognize that we are spending money we don't have on things we don't need.

I am not saying there isn't anybody in this body who doesn't want health care reform. Nobody probably wants it more than I do. It is the type and how we get there that is important and do we make her situation worse. Do we raise the amount of money we are borrowing to be able to fix a problem that is going to be a government-centered problem rather than a patient-centered focus?

Then we have this quote from Thomas Jefferson:

I predict future happiness for Americans if they can prevent the government from wasting the labors of the people under the pretense of taking care of them.

That is a pretty interesting statement and pretty insightful and foretelling because that is exactly where our Nation finds itself today—"wasting the labors of the people under the pretense" that the government will take care of them.

In about 10 years, government spending is going to be about 35 percent to 40 percent of our economy, and that is if we make it in the next 10 years given the present financial difficulties we have. But if we think and ponder a little bit about what Jefferson had to say and we look at the Constitution, what we find is that through the last 20, 30, 40 years in this country, back to 1965, we started stepping outside the bounds

of the enumerated powers that our forefathers brought forth. We have ignored them. Consequently, now we have government program after government program and agency after agency and we cannot afford it. We are borrowing the money. Under the guise of taking care of U.S. citizens, we can rationalize it.

America's health care is the best in the world. It just happens to be the most expensive. There are lots of ways to drive that cost down that are not at all considered in the bills in front of the Congress. Incentivizing people to do the right thing, the best thing, incentivizing the elimination—do you realize that 80 percent of the cost of health care today is defensive medicine; that if you attacked it slightly, not by eliminating lawsuits but by eliminating frivolous lawsuits—let me give the details. Ninety percent of all the suits that are filed never go to court and never get settled and never get answered. In other words, they are extortion claims. There is not a real medical claim. There is not a real issue, and it is not carried forward. Of the 10 percent that are either settled or carried forward, 89 percent of those are decided in favor of the medical community. So that is 11 percent of 10 percent, which is 1 percent of the cases.

If, in fact, we did not have the 90 percent of the cases that are frivolous, that are extortion attempts, what we know is that we could save about—CBO says under their score with limited liability changes, \$54 billion over the next 10 years. Other sources say it is closer to \$74 billion, \$75 billion. Madam President, \$74 billion to \$75 billion a year does a lot to help individuals in terms of free care, in terms of lowering the cost of care because, in fact, every insurance company in the country is paying for that care.

Finally, I will make one other point, and it is this. What most Americans do not recognize is that in this new bill that is coming out of the Finance Committee, there is a significant number of taxes. Actually, you are going to recognize the fourth tax on health care in this country. Right now you pay income taxes and a large portion of that income tax is now paying for Medicare and Medicaid—57 percent of it and 43 percent we are borrowing.

The second tax you pay is a Medicare tax of 1.45 percent and your employer pays 1.45 percent of every dollar you earn no matter how much you earn.

The third tax you pay is your private health insurance, whether you buy it through your employer or you buy it yourself, costs \$1,700 more per year because of the underpayment for the cost of health care for Medicare and Medicaid. So the cost of actually purchasing your health care goes up by about \$150 a month per family because we underpay the true cost of care under Medicare and Medicaid, and they are both broke.

Now we have a fourth tax of which 50 percent is going to be levied on people

from \$40,000 to \$140,000 a year, billions and billions of dollars of new taxes.

Then we have taxes on the insurance industry. I don't have any problem with that—taxes on medical devices, taxes on PhRMA. But who is going to pay those taxes? Those taxes are going to get filtered down to the increased cost of health care. When we pay a tax when we go to a store to buy something, we pay that tax on top of the price.

So the groceries or the TV or whatever it did cost—what we thought it cost—it would cost that plus tax. That tax, in terms of the insurance industry, in terms of the Medicare, in terms of the drug industry, in terms of the medical device industry, in terms of PhRMA, is going to get passed on, causing an increase in cost. That does not include the tax you will incur if you choose not to buy health insurance because you think you are healthy or you want to self-insure yourself. You are going to pay a tax for that. Oh, by the way, if you happen to have a great health care plan or maybe a moderate health care plan, the way the bill is written, you are eventually going to pay a tax because it is going to be too good a plan. So we are all going to have four taxes on health care.

I wish to make one other comment. We all traveled during the month of August and we met with our constituents. This is the HELP bill that came out of the committee after 3 weeks of hard work. This is not the complete bill that the Senate will be considering. This is just part of the bill, and it is 840-some pages long. The standard protocol in committees, if you vote a bill out of committee and you have changes to it, what you do is put a modified bill on the floor—a substitute bill when the bill comes to the floor. Well, there are 85 changes to this bill that have not been approved by the committee. Yet this is the committee bill.

So not only do we have a debate that is erroneous in terms of the direction it is taking—in creating a larger government, taking away individual freedom, individual choice, limiting one's availability of insurance, increasing premiums, increasing taxes, and taking away an individual's ability to choose—we also have a bill that has been modified, outside the rules of the Senate, 85 times versus the bill I voted on in committee. That shouldn't surprise us, however, because of the way we are handling health care.

So I will sum up with just a couple other points. I don't believe there is an American out there who doesn't think we need to do something about making health care more affordable, more available, and fairer in its treatment. I don't think there is an American who doesn't agree that we have a lot of waste in the health care system that can be eliminated. I don't think there is a physician out there who doesn't think we need to make some changes in terms of competitiveness in insur-

ance and how that interferes with the decisionmaking by physicians and other caregivers. But I also don't think it is truly appreciated that in this country, if you are sick, you are going to get the best treatment anywhere in the world. It is just that it costs too much.

So how do we address that? Do we address that by growing the Federal Government and creating in this bill 88 new government programs with the bureaucracies that come with it or do we enable people to have the freedom to choose, to make their own choice about what they want and they need? With the finance bill, we are going to tell you what you have, we are going to tell you what the minimum is, we are going to limit your choices, and we are going to see a run toward either a regional co-op plan or a public plan.

But there is no question that what we are going to see is government-centered involvement in what we do and how we do it. That may be the direction we ultimately go. But the loss that comes with that is the loss of freedom, a loss of choice, and a diminished demand for personal responsibility and accountability, which is the very thing this young lady is counting on us doing the opposite of.

We are going to double our debt in the next 5 years. We are going to triple it in the next 10 years. It is going to be worse than that because we are spending money like drunken sailors. What do we owe the generations who follow us? What is it that we owe them? Do we owe them the heritage that was given to us? Are we going to transfer that heritage on, or are we going to ignore it?

In terms of health care, what is the best thing for our country in the long term? Can we take on another \$1.3 trillion of government at a conservative estimate, especially when you count what is going to happen with what is called SGR—the physician payment reform? Can we take on \$1.3 trillion? Will it only be \$1.3 trillion? Will we move another 10 percent of our GDP to the government? Because that is what we are doing. At what point in time does the American experiment quit working?

I look forward to the debate on health care. The plans before us will raise premiums, decrease care, limit choice, and bankrupt our grandkids. By saying no to that plan, it doesn't mean you don't want to fix health care. There are some great plans out there to fix health care that don't cost money; that, according to CBO and others, will give the same results but will not create the massive new Federal bureaucracies and take away personal freedom to make decisions about you and your children and your family based on what your needs are, what your perception is, and what your ability is.

Madam President, I thank you for the time tonight, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. WARNER). Without objection, it is so ordered.

Mr. BROWN. I ask unanimous consent to speak as in morning business for up to 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BROWN. Mr. President, earlier this evening, only an hour or so ago, Senator UDALL from New Mexico led a discussion with Senator BURRIS and Senator WHITEHOUSE and others. I was there part of that time, with Senator CANTWELL involved from the Chair. It was extolling the importance of the public option, that it makes such a difference in terms of keeping the insurance industry honest, keeping costs down, and providing extra choice, so if people want to choose private insurance, they can; if they want to choose the public option, they can.

The insurance industry, in its wild claims only 2 days ago in a manufactured report that an accounting firm did that was clearly incomplete and hastily done, claimed huge insurance company increases based on our legislation. The fact is, they have already doubled insurance rates in less than a decade, in only 7 or 8 years. That is as good an argument for the public option as we can find.

In 5 minutes or so, I would like to speak to the Senate. I have come to this floor, night after night, reading letters from constituents I have, from Trumbull County near Youngstown, near Summit County, the Akron area, from Cuyahoga County. These all happen to be, in this case, from northeast Ohio, from near Dayton or Cincinnati or Wilmington or Chillicothe.

What I found in letters I am getting from my constituents, as is the Presiding Officer, I think, when he gets letters from Richmond or the Washington suburbs or from western Virginia, is that most of this mail I get comes from people who had good insurance policies, they thought, until they got really sick, and then their insurance policies would be canceled or they would spend so much of their time fighting insurance companies just to get payment, to get payment for something they thought they were covered for. I would like to share a couple of these letters.

Beverly and Dennis from Trumbull County write:

My husband is 62 . . . and worked for the same factory for 42 years . . . last year the factory shut down and his severance package was \$8,500 before taxes and 3 months paid insurance.

Forty-two years, \$8,500 severance, 3 months paid insurance.

After the insurance ran out, we picked up COBRA, which will be up this December right before Christmas. We've talked to different private insurance companies, but without anything really wrong with my health, they say my minor medical condition diagnosed 30 years ago was a preexisting condition. The best plan offered, just for me, was \$1,000 a month with a \$10,000 deductible.

A preexisting condition from 30 years before.

We have always been proud of our accomplishments over the 43 years of our marriage. I don't want to lose everything we have worked so hard for if something happens to us medically.

I wish those opposed to reform—

I wish my colleagues would listen to this.

I wish those opposed to reform would have to worry about the next meal, the next bill, the next doctor's appointment, or what would happen to them if they got sick.

We thought things would be smooth sailing after we got to our age, but we're afraid our boat is sinking and we are drowning.

Forty-two years in the same plant, married for 43 years, played by the rules, seemed to do everything right. This is what is happening to these people in their early sixties.

As many of these letters indicate, a lot of these letters come from people who are 59 or 63 or 61 or 64, just holding on until they can get Medicare because they know Medicare, like the public option, will never drop them for preexisting conditions, will not discriminate against them because of geography or age or disability, will not cut them out of their plan, whether it is the public option or whether it is Medicare, for all kinds of reasons the way private insurance does.

Angela from Cuyahoga County, Cleveland area:

As a registered nurse I have seen too many cases where the lack of insurance prohibits needed care. I have experienced first-hand what it means to have insurance but be afraid to use it. My husband has worked for the same employer for more than 10 years, but both he and I are afraid to use his insurance for fear that too many medical bills will increase the cost of our plan. In the past 2 years, he has received memos stating that to keep medical bills down we should seek medical visits only when necessary.

As a strong believer in preventive care, I feel discouraged to go for my yearly physical and my husband has not had a physical in 5 years.

This is from a nurse.

Thank goodness we are reasonably healthy. I encourage you to keep pushing for a public option—I'd be one of the first to sign up.

Think about that, her husband got a note from his employer saying: Please don't go to the doctor unless you absolutely have to. She is a nurse. She hasn't had a physical for a year. She hasn't had her yearly physical. Her husband hasn't had a physical in 5 years. They know they should get a physical. They are afraid of what it would cost both them and the employer to do that. Again, they are the victims of the health care system that too often skimps on preventive care, too often denies people coverage for rea-

sons it should not, too often simply is a burden to so many of the people who have insurance.

I will close with a letter that is about health care but also about something this Senate needs to vote on quickly; that is, unemployment insurance. This is Mark from Franklin County, central Ohio. He writes:

I need my health insurance badly since I have had cancer twice. The only way I could previously afford insurance was through my employer. But my company was recently bought out and I was laid off.

Because of my preexisting condition, I can't afford the price of private insurance. In addition to my health and job issues, I have only one more extension on unemployment.

I really don't know what to do if I can't afford insurance. If I could find a way to receive insurance or get a job with insurance, I could be here for my little girls who I care for and who looks up to me for the world.

One person on the other side of the aisle, one Republican, stood up and objected. We were trying to pass the same unemployment insurance extension as they did in the House of Representatives. I know every Democrat is for extending unemployment, and I know most Republicans are probably for extending unemployment, but one Republican stood up and stopped us from doing that. That is so important because every day we fail to extend unemployment insurance, people are dropping off the unemployment insurance rolls and have to fend for themselves in ways that they don't know what to do.

It is not as if people don't want to work. The situation clearly is that people want to work, they are trying to find a job. In this economy, in my State as in many States around this country, people simply cannot find work, as hard as they are trying. We have an obligation to extend unemployment benefits. Not next month, not next year, but tomorrow when we come back here, I am hopeful my Republican friends across the aisle will not object to that extension of unemployment.

The last letter I will read is from Renee from Van Wert County, western Ohio, near the Indiana border. She writes:

I, along with 300 other workers, were locked out of our company last year after it closed down and moved to Mexico. We will be losing our benefits this month and it is urgent you get unemployment extension passed as soon as possible. It would help so much if we could get our benefits extended, at least through the cold winter months.

I'm looking everywhere for a job and hope there is something opens up by the spring and the economy will pick up.

Thank you for reading my story and making me feel like there is hope.

Renee, again, we will go to the floor tomorrow to try to extend unemployment benefits.

Renee points out, particularly with the winter months coming, people will have to choose, if they don't have unemployment extension, between food and heating their home and taking care of their kids and all the responsibilities people have.